FOR STATE HEALTH DEP

精

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00585

									Key, Dist	HU.	
	PLACE OF DEATH		06	05		2. USUAL RESIDENCE (V	Vhere decease			e before c	odmission)
		orchester		MA	RYLAND	Mary	land	b. COUNT	Wicon	uico .	₩
	b. CITY OR TOWN (II and give negres) town	outside corporate limits, writ	· RURAL	c. LENGTH OF STA	AY IN 16	c. CITY OR TOWN (IF	outside corpo	orole limits, write	RURAL and g	ive neares	t lown)
	C	ambridge		5 mos. 5	days	Salia	bury		6	221	2.2
	d. NAME OF HOSPIT	AL OR INSTITUTION	if not in h			d. STREET ADDRESS					S RESIDENCE
	FASTE	RN SHORE ST	ATE	HOSPITAL		301	E. Col	lege Ave	nue		S NO D
3.	NAME OF DECEASED	Fir	şŧ	Middle		Losi	4. DATE OF	Mont	h	Day	Year
	(Type or print)	MILL	e	-		Abbott	DEATH	Jan	uary	15	19 60
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARR	HED X B.	DATE OF BIRTH	1	9. AGE In years last bythday)	IF UNDER 1Y	-	INDER 24 HRS.
	Female	White	WIDOW	ED DIVORCE	DO	ecember 29.	1885	7476	Manihs Do	iys Hou	urs Min.
100	USUAL OCCUPATION	ON (Give kind of work g life, even if refired)	done 10b.	KIND OF BUSINESS C	OR INDUSTR	11. BIRTHPLACE (State	or foreign co	untry)	12. CITIZE	N OF WH	AT COUNTRY?
	Dressmal					Marylan	đ		T	J.S.A	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N					
1	William	Abbott				Carolin	e Malor	16			
		ER IN U. S. ARMED FO		6. SOCIAL SECURITY N	O. 17, IN	FORMANT		Address			
1"	No.	(If yes, give war at dates of	Minicipi	none	R	ECORDS: FAS	STERN S	SHORE ST	ATE HOS	SPITA	L
										INTERVAL BE	ELMERIA
	PART 1. DEA	H WAS CAUSED BY:		Cerebral v	ascula	r accident				TO	davs
	22,	IMMEDIATE CAUSE (o		000000000000000000000000000000000000000					-		
	Condition to an AVAN										
	gave rise to imme	diate couse	}								-
	(a), slating the	underlying DUE TO									
7	cause last. (c)									AC ALITORCE	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D									RFORMED?	
F	200, EXTERNAL CAL	JSE WAS NTRIBUTING IN	b. DESCR	IBE HOW INJURY OCC	URRED. (En	ter nature of injury in Par	t Lar Fart II c	of item 18.)			
	CAUSE OF DEATH.		Ap	parently f	ett ti	com chair in	nospi	tal			
WEDICAL	20c. TIME OF INJU	RY Month, Doy, Ye			20e. PLAC	OF INJURY (Home, form y, street, office bldg., etc.	20f. (City	or tawn)	(Count	y)	(State)
WED	7.30 30 m	12-28- 19	59 WH	ile Nat while at work	I	lospital	Cami	bridge	Dor		Md.
-					ed obov	e, held on Autops	y D. In	spection A	Inquiry	П	ond in my
		resulted from:		_			Homicide		ermined mo	-	7
	The second		1010101	COUNTY PELLY, MIC	^	J. 001C100 [_],		L, onder	SHITTING HIL	T.	-
	ACTUAL	1/	0		. X	CHIEF MEDICAL EX	AMINER -			DA	TE SIGNED
	SIGNATURE	for			1	M.D. ASSISTANT MEDIC	_				
	EXAMINER'S	John 1	lace	Tm		DEPUTY MEDICAL				1/15	160
22	NAME (Type)			122c. NAME OF CEM	ETERY OF			The Manager viscous			
120	a. BURIAL, CREMATIC	1-18-19	60	Parson	A COA	O VGA A	2 COCA	ION (City lawn,	or county)	n-C	State)
23	FUNERAL DIRECTOR	SIGNATURE		ADDRESS	a com	1240 PEC	D BY REGISTR	AR 245 REGI	STRAK'S SIGN	ATURE	
1.3.	4-11/1	(a) alana	000	8000		DATEJA			Viloury S. A		
	1 un	Cholono	Bn	~ Could out	my !	DATE		-	21,		

Staber

amon

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certification writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direction 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or fis designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME BM 2/57

Company of the Property of the

TRAVE SOT

VS A15 (4) 1SM 10/57

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

CERTIFICATE OF DEATH

Pag. Dist. No.

()	11	E	8	0
13	U	0	U	1)

								Keg. Dist. I	¥0.	
1. PLACE OF DEATH o. COUNTY	Dorchester	••••	MARYLAND	O. SIAIE	rvlar		lived. If instituti b. COUNTY			ission)
b. CITY OR TOWN	(If outside corporate limi	Is write c	LENGTH OF STAY IN 16		-					
RURAL and give	learest town)						ote limits, write R	UKAL ond give	negrest to	wn)
	IShing Creel		20 years			Cree	c			
OR INSTITUTION	TAL (IT not in nospirot, g	hive street ook	oress)	d. STREET AL	DDRESS					A FARM?
Rı	ıral			Ru	ral					NO 🖸
3. NAME OF DECEASED (Type or print)	Cath	erine	Middle Lampus	Bassl		4. DATE OF DEATH	Janua		Doy P60	Yeor
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH			9. AGE (In years	IF UNDER 1 YE		
Famala	White	WIDOWED		T	20 70	×0	last birthday)	Months Doy		
Female			ND OF BUSINESS OR INDL	January	27.13	507		In CITIZEN	L OF MIN	7.50144784
during most of wo	king life, even if retired	100, KI	AD OF BOSHAESS OK HADE	SIKI III. BIKINED	ACE (2)DIS	or foreign co	onriy)	IZ. CITIZEN	OF WHA	AT COUNTRYS
Homemaker					York,			Ţ	J.S.	
3. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME				
C	ristian La	พากมาเส		Narh	ara M	fever				
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO. 17.	INFORMANT	OLD GA 1	10,401	Add	ress		
[Yes, no, or unknown]	(If yes, give wor or dates of s	ervice)		1						
No	ATH [Enter only one co			rs. Georg	e J.	रां क्या है	shing C	reek Md.		
Conditions, if a	m mediote f)								
lying couse lost.										
PART II. OT			NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 160	PERF	OPMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCURRE	D. (Enter noture of	injury in !	Part 1 or Port	11 of ilem 18.)		163	7 110 []
20c. TIME OF INJUI Hour o. m., p. m.	RY Month, Doy, Yeo	20d. INJU While of work	_ Not while fo	ACE OF INJURY (Hictory, street, office	lome, form bldg., etc.	20f. (City	or town)	(Coun	ly)	(Stole)
21. I certify to	nat ottended the	deceased	from / O /	1957	, 10 9_00	PM, from		That I lost		
ACTUAL SIGNATURE	4.5.	Jun	by JE	M.D. /0			eet, city or lown,			28
PHYSICIAN'S NAME (Type)	N.E.	90	MBYJR	? Ca	m	bus	lge !	ma	ry	land
20. BURIAL, CREMATIC REMOVAL (Specify		F 2	2c. NAME OF CEMETERY C				Col-City, town,		(510	ole)
BUT 101	SISIGNATURE D	1960	Woodlawn Con ADDRESS Cambridge, N		24a. REC'I	D BY REGISTI		STRAR'S SIGNAT		
fuces	and other	ueas	-comprare Solu	AVA #	DATE I	THE I	60	white S. 7	ismed	

to programme to a long on the Art of his sales

1	12
of director, be filed with	
d in by the of director, and 2 should be filed with	X
fetely filled s. Pages 1 o	
ician and campletely filled in by the technon papers. Pages 1 and 2 shous after death.	

executed within 24 hours after death. Page

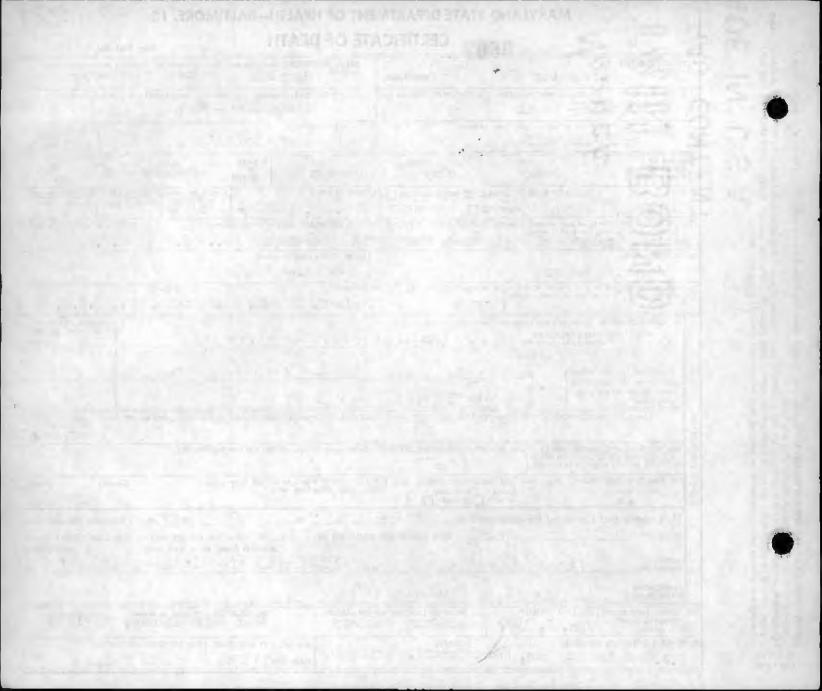
the death certificate be

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Dorchester o. STATE Maryland b. COUNTY Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) Life Rhodesdale - Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? finchville. Near Finchville YES X NO 3. NAME OF Middle 4. DATE Year DECEASED OF ,60 Henry Batson Clay January (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Davs Hours Negro Male WIDOWED [7] DIVORCED [Feb. 26, 1886 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Retired Employee of State Roads Commission Dorchester Co., Md. U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeremiah Batson Margaret Evans 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. No Virgie C. Batson, Rhodesdale, Md., R.F.D. attending 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH FART I. DEATH WAS CAUSED BY hemorrhage IMMEDIATE CAUSE to DUE TO cardiovascular discuse Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoling the undereviosclerosis lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) NONE 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Q. m While Not while of work of work 1960 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 7 A. M. from the causes and on the date stated above. alive an ADDRESS (Street, city or_town, TO FUNERAL DIRECT ACTUAL PHYSICIAN'S NAME (Type 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Cokesbury Cemetery 22d location (City, town, or county) Near Federalsburg, Maryla nd BUTIS (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE J.J. Framptom and Son, Federalsburg, Maryland

DATE JAN 1 5 '60

arthur & Harus

VS A15 (4) 15M 10/57



CERTIFICATE OF DEA	IT
--------------------	-----------

Reg. Dist. No. 00588

0.5	118			Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY DORCHESTE		2. USUAL RESIDENCE (Who	L COUNTY	on: Residence before admission) WICOMICO V
B. CITY OR TOWN (If outside corporate limits, a RURAL and give neorest town) RURAL AL RAMBER 1000	- 2 m.	c. CITY OR TOWN (IF or	ulside corporote limits, write R	URAL ond give nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION		d. STREET ADDRESS	VIA ST	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) MAUDE	Middle /MARIE	BENNETT	4. DATE Mon OF DEATH VAN	
	MARRIED NEVER MARRIED	B. DATE OF BIRTH APRIL 5, 12	9. AGE (In years lost birthdoy) 7 8 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	None		or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
BENJAMIN HITCH	4	ELLA (CANTWELL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES [Yes, no, or unknown] [If yes, give wor or dates of service	9)	NFORMANT	NETT, 100 SYL	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cose (o), stating the under- lying couse last. Co. Part II. OTHER SIGNIFICANT CONDITION	HAFFRISSIER		OF DISFASE	ONSET AND DEATH
STRANGULATED		NIA- HERI	NICERPRNY	PERFORMED?
20c. TIME OF INJURY Month, Day, Year Hour o. m.	20d. INJURY OCCURRED 20e. PL While Not while of work of work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	20f. (City or town)	(County) (Slote)
21. I certify that I attended the de alive an SAN SAN SIGNATURE SANGE HE ORGE HE	19 60, and that death	M.D. EASTERN		and an the date stated above state) DATE SIGNED
220. BURIAL CREMATION, 225. DATE THEREOF REMOVAL (Specify) Jan. 12, 1	960 Parsons Co	R CREMATORY	22d. LOCATION (City, town,	r, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY	ADDRESS SATISBURY MAR		by REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

aral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 D FUNERAL DIREC. After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauther registrar priar to burial, crematian, or removal, and in any event within 72 Mours offer death. may be retained by VS A15 (4) 15M 9/SS

例

IN SEYLAND STATE DEPARTMENT OF HEALTH-EALTH-ORDER; LE HIADE TO BIAJHITED WINE THE BUILD IN THE STATE OF THE S

VS. A15ME 5M 2/57

				1			
H	F	O	R	SI	D	TE	т.
	Poge	files.	agra of Health.	-)
uld be executed within 24 hours after death. It any delay is necessory, pieose	, and 3 to the funeral dir?	be retoined for	State B	ofter death.	0	6	7
ter death, If	1, 2, and 3 to	e olong with form PM3. Poge 5 may be re	1 1 and 2 with	thin 72 hours ofter	1	1	1
in Z4 hours at	Give Poges 1.	ith form PM3.	1. File pages 1	, and in any event, mithir	/	//	
xecuted with	pencil in Item, 18. (fice olong w	ronsit permi				
ald be e	in penci	ner's Of	burial-1	or removo			

MA	RYLAND S	STATE	DEPARTM	NT OF	HEALTH-	-BALTIMORE,	18
150~	MEDICA	L EX	MINER'S	CERT	IFICATE	OF DEATH	

		0.00									
	PLACE OF DEATH O. COUNTY De	2. USUAL RES	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Dorchester								
-		outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)						
	ca mbrid	lge		1 day		Reids Grove _ Rhodesdale, R.F.D.					
-	. NAME OF HOSPITA	L OR INSTITUTION I	If not in hos	pital, give street address)	d. STREET	DDRESS				e. IS RESIDENCE	
		e Hespital								YES NO	
	NAME OF DECEASED	Fire	IP.	Middle	Los	4	DATE OF	Manth	D	Year Year	
	(Type or print)	John		H . (Cannon		DEATH	Januar	y 25	19.60	
5. 3	SEX	6. COLOR OR RACE	7. MARNE	S DESIGNATION OF THE PARTY OF T	8. DATE OF BIRTH	1	9. AC	Sandhalan S	UNDER TYE	AR IF UNDER 24 HRS	
	Male	Negro	WIDOWED	S MARKET S	x About	1876		X82 yrs. M	onths Day	s Hours Min.	
100	during most of working	N (Give kind of work of life, even if retired)	done 10b. K	IND OF BUSINESS OR INC			foreign country	1		OF WHAT COUNTRY	
9.7	Laborer			Labor (Far				r Co.Md	· Uas	S.A.	
13.	FATHER'S NAME		a		14. MOTHER'S	MAIDEN NA				1 ma\	
	A31K3	Elis	The second secon	nnon		densara	Mary (maiden 1	name 1	inknown)	
	. WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16. 1	SOCIAL SECURITY NO. 1	7. INFORMANT			Address			
	No			?	Records	Cambri	idge Hos	pital			
	18. CAUSE OF DEAT	H [Enter anly one cau	se per line !	far (o), (b), and (c).]					1	NTERVAL DETWEEN	
	PART I, DEAT	H WAS CAUSED BY:		Coronary of	cclusion					1 day	
	420.1	DUE TO					^			- AND	
	Conditions, if or	y, which) (b)									
	gove rise to immed	iote couse									
	(e), stoting the u	inderlying									
7		FP SIGNIFICANT CON		INTRIBUTING TO DEATH B	UI NOT RELATED TO	THE TERMIN	AL DISEASE CON	IDITION GIVEN	IN PART 1/	NAS ALITOPEY	
CATIO	THAT IS WITH						no on our or our			PERFORMED?	
CERTIFICATION	20g. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	SE WAS TRIBUTING (b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter nature of in	jury in Part I	or Part II of ite	m 18.)			
MEDICAL	20c. TIME OF INJUR	Y Manth, Day, Yes	While	Not while	PLACE OF INJURY (I foctory, street, office		20f. (City or to	wn)	(County)	(State)	
2	p. m.	at I tank abassa		rk ot wark	shows hald as	Autono	[]	. C			
	1 1 1			emains described o	prop	-		Laine	nquiry	,	
	apinian death	resulted from: 1	Natural o	causes XI. Accide	nt 🔲, Suicide	e [], Ho	amicide [],	Undetermi	ined mar	nner 🔲	
				- 0						DATE SIGNED	
	ACTUAL SIGNATURE	com	Man	-ce M	M.D. CHIEF N	REDICAL EXAL	MINER [DAIL SIGNED	
				. /	- ASSISTA	NT MEDICAL	EXAMINER [
	EXAMINER'S NAME (Type)	John M	ace Jr		DEPUTY	MEDICAL EX	AMINER 📮			1/25/60	
220	BURIAL, CREMATIO			22c. NAME OF CEMETERY	OR CREMATORY	[2	2d. LOCATION	(City, fown, or co	qunty)	(Slote)	
	REMOVAL (Specify) Burial	Jan. 28,	1960	Federal Hill	l Cemetery		Federal	sburg,	aryle		
23.	FUNERAL DIRECTOR	S SIGNATURE	-	ADDRESS [2]		240. REC'D	BY REGISTRAR	24b. REGISTRA	R'S SIGNA	TURE	
	J.J.Frampt	om and Son,	Fede	ralsburg, "a	ryland	DATE NO.	0.000				
						DAMEN 2	9 '60	arthur	- Steer	24	

MB. TRO INCOME. 100 THE REST WAR appeared to reserve the second of the second of the

ral director, be filed with TO HOSPITAL OR ATTINDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be the filled in by the page 3 should be the filled in by the the registrar prior to buriol, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

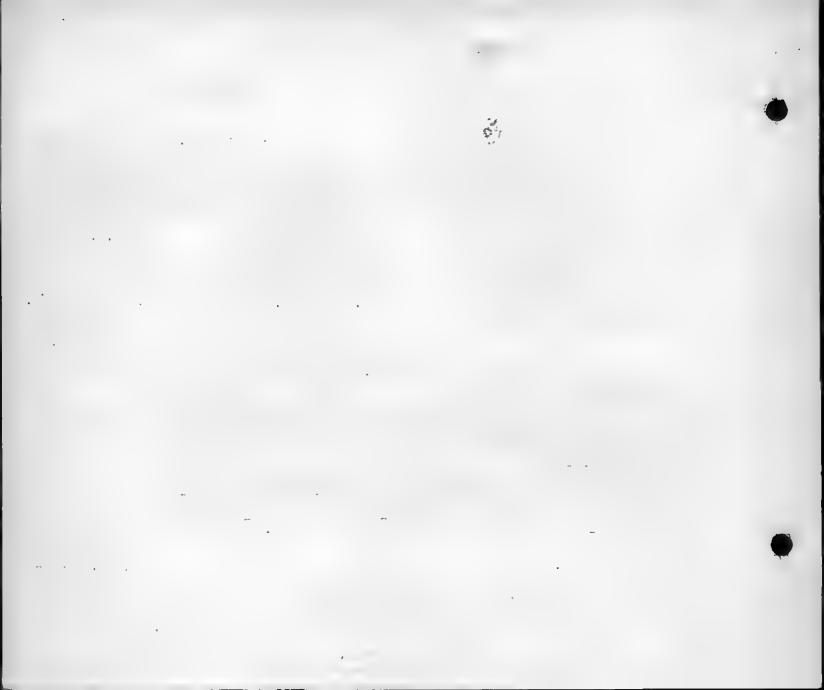
06.7

0

MARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18

CERTIFICATE OF DEATH

	059		***************************************	Reg. Dis	t. No.
1 PLACE OF DEATH o. COUNTY	0.00	30	2. USUAL RESIDENCE (WI	here deceased lived. If institution Residence	e before admission)
Dorc	hester	MARYLAND	o. STATE Maryl		hester
b CITY OR TOWN (If at RURAL and give near	utside corporate limits, write	c LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	outside corporate limits, write RURAL and g	ive negresi lawn)
Camb	oridge	entire life	/3 Cambr		
OR INSTITUTION	(If not in hospital, give street		d. STREET ADDRESS		e. IS RESIDENCE ON A FARMA
Car	bridge-Maryla	and Mospital	207 E	Soundary Ave.,	YES NO D
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Noble	Stewart	Cannon	DEATH January 9,19	60 19
5. SEX 6	. COLOR OR RACE 7. MAR	RIED 🔼 NEVER MARRIED 🔲	B. DATE OF BIRTH	9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS
Male	White wow		December 28,	1 LO74 07 yrs	Days Hours Min
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZ					ZEN OF WHAT COUNTRY
Retired Wat			Cambridge		U.S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME	
W	illiam S. Canr	non	Lula Cond	lon Excussion	
15. WAS DECEASEDEVER IN	U S ARMED FORCES? 16.	SOCIAL SECURITY NO 17. I	NFORMANT	Address	
		218-34-2915 M	rs. Robert L.	Dail, Glasgow St., Ca	mbridge, Md.
18 CAUSE OF DEATH	[Enter only one cause per l	ine for (a), (b), and (c) }			INTERVAL BETWEEN
PART I. DEATH	WAS CALISED BY-	vocardial infa	retion		ONSET AND DEATH
420,1"	DUE TO	TANGET THE	TOTOIT		5 mins.
Canditions, if any,	unkish 3	rteriosclerosi	e generalige	d	unknown
gave rise to imm	ediate (IT AGE TORCTOR OPT	e Foughtive	, a	unknown
cause (a), slating the lying cause last,	under-				
PART II. OTHER		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	I/o) 19. WAS AUTOPSY
Ohety	uctive tumor	spleenio			PERFORMED?
20a ACCIDENT WAS U	INDERLYING 20b DES	CRIBE HOW INJURY OCCURRE		Part I or Part II of item 18.)	YES NO
PART II. OTHER Obsty Oc. Time of Injury Hour o. m. Part II. OTHER OR CONTRIBUTING II IF EITHER, NOTIFY MEI Oc. TIME OF INJURY Hour o. m.	CAUSE OF DEATH	an en			
3 20c. TIME OF INJURY		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	. 20f. (City or town)	ounty) (Slate)
Hour o, m.	White of wor	Not_white Poo	tary, street, affice bldg., etc.		multi (agre)
			EO 10	3 0 00	
	I attended the deceas			μ.	ast saw the deceased
alive on 1-3	, 19.	and that death	occurred at 5;30	M, from the causes and on th	
ACTUAL 2	200 - One to	(T1)20P/		ADDRESS (Sireel, city or lown, state)	DATE SIGNED
SIGNATURE	and it	1,000	MD. 15 Locust	Street, Cambridge,	Md. 1-10-60
PHYSICIAN'S NAME (Type)	Tildnides H W	1200 6			
220. BURIAL, CREMATION,	Eldridge H. V				
REMOVAL (Specify)		22c NAME OF CEMETERY OF		22d LOCATION (City, tawn, or county)	(State)
Burial 23, FUNERAL DIRECTOR'S SI	Jan.11,1960	Green Lawn C		Cambridge, Md.	
20, FIGNERAL DIRECTOR'S SI	_/) ~0	200RESS Cambridg	A 1/12	D BY REGISTRAR 246. REGISTRAR'S SIGI	
reunch	.T. Awa	S. A. COURSEL TOR	DATE	IAN 15'60 arthur &	. Times



e . L

VS A15 (4) 15M 9/55 H

X

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

			059	CERTIF	IC/	ATE OF E	DEATH	1		Reg. D	ist. No.	(){	1592	
1.' P	LACE OF DEATH	hester		MARYL	AND	2. USUAL RESI	oence (wh	вга бесевзес	f lived. If institut b. COUNT	rches	nce befor ter	e admiss	sion)	
ь	CITY OR TOWN (III	f outside corporate limi arest town) age	ls, write	c. LENGTH OF STAY II	и 16									
d	NAME OF HOSPIT OR INSTITUTION 212 West	AL (If not in hospitol, g End Ave	ive street	oddress)		/	/d. STREET ADDRESS /212 West End Ave							
D	AME OF ECEASED Type or print)	Fir A1	ม in∉	Middle Kir	ъy	Clif		4. DATE OF DEATH		nth n 20,	Day		Year 19 60	
5. SI	ale	White	7. MARR	NEVER MARRIED DIVORCED	_ [8. DATE OF BIRTI			9 AGE (In years lest birthday) (III yrs	Months	Days	Hours	Min.	
10a.	USUAL OCCUPATION OF MOTE HOUSE WIL	ON (Give kind of work in the life, even if retired	done 10b.	kind of Business or Own Home	INDU		yland	or foreign co	ountry)	12. C		JSA	COUNTRY	
13. F	George	Kirby				14. Mother's Mar		ame ber						
15. V (Yes.		R IN U. S. ARMED FOR (If yes, give wor or dates of s	amira1	social security no Unknown	17. 1	nformant Mrs Ev	erett	Crema		_{dress} ambri	dge	Mar	yland	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	72	ne for (o). (b), and (c).)	<i>y</i>	Engh	0/15	127			ONS	T AND	TWEEN DEATH	
	Conditions, if or gove rise to it couse (a), stating lying couse last.	ny, which) (b	Li	41Ebott	- - ac	ken o c	15 91	leg 'non	vein	color	7 2-	. y .	ears	
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT					IVEN IN PA	RT 1(a) 15		RMED?	
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature a	of injury in P	art t or Pari	I It of item 18.)					
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED Not while k at work	20e. PL fo	ACE OF INJURY I clory, street, office	Home, form, e bldg., etc.	20f. (City	or town)		(County)		(State)	
	21. I certify the alive on JEC	11-1	deceas _, 19_6	ed from May 26, and that of		/, 19.5 / n occurred at	10-19	M, fron		and an		e state		
	PHYSICIAN'S NAME (Type) BURIAL, CREMATIO	N. 22b. DATE THEREC	\F	22c. NAME OF CEME	TERY C	Car	mbr.	idge	141					
	REMOVAL SPECIAL	Jan 22,	1960				210 050'6	Car	Mobidge RAR 24b. REG	Mary		(Stol-	e)	
LIP	Compte Him	neral Senu	00	Cambant all - NO		2 1	1 Zau. NEC E	- 01 KFG131	A40. 860	וב ב אחתייבי	CIANIOR			

DATE JAN 2 8 160

Orthur & Home



MEDICA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MEDICAL EXAMIN	ER'S CERTIFICATE OF DEATH Rog. Dist.	(16594) No.		
PLACE OF DEATH o. COUNTY Dorchester MARY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence d. STATE Maryland b. COUNTY Dorche			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rurlock - Rural Life	IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and giv	e nearest fawn)		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address Herrison Ferry	d, STREET ADDRESS Near Tarrison Ferry	IS RESIDENCE ON A FARM? YES NO		
DECEASED		oy Year) 1960		
Male White WIDOWED DIVORCED	Sept. 7, 1959 Goldbridge Months Poy			
Infant None	Easton, Maryland U.S	12. CITIZEN OF WHAT COUNTRY U.S.A.		
Grover Corkran, Jr.	14. MOTHER'S MAIDEN NAME Norma Donovan			
(es, no, or unknown) (If yes, give wer or dotes of service) None	Prs. Grover Corkran, Jr., Hurlock,	Md., RFD		
	l o	NTERVAL BETWEEN HISET AND DEATH		
gave rise to immediate couse (o), stating the underlying	atory infection	1 day		
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO		
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	RED. (Enter nature of injury in Part I or Part II of ilem 18.)			
	factory, street, affice bldg., etc.)			
		, and find the		
ACTUAL SIGNATURE MAN MANCE	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED		
EXAMINER'S John Mace Jr.	DEPUTY MEDICAL EXAMINER $\prod X$.	1/10/		
Removal (Specify) Burial Jan. 11,1960 22c. Name of Cemetric Zion Comet	tery Near Williamsburg,	Md . (State)		
FUNERAL DIRECTOR'S SIGNATURE . ADDRESS MA	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAL	TURE		
AND THE PERSON OF THE PERSON O	DOTCHESTOR C. COUNTY DOTCHESTOR D. CITY OR TOWN (If outside carporate limits, write RURAL and gay meared town. HITTOCK — RURAL C. LENGTH OF STAY Life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address Heartison Ferry NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address Heartison Ferry NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address Heartison Ferry NAME OF BECEASED (Type or print) DEVIA OCCUPATION (Give kind of wark done None None SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED OO. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR White WIDOWED DIVORCED OO. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR White WIDOWED DIVORCED NONe S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Inc. SOCIAL SECURITY NO. IN O (If yes, give wer or dolen of service) None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Toxemi MAMEDIATE CAUSE (a) DUE TO Canditions, If eny, which Gave rise to immediate cause Canditions, If eny, which Gave rise to immediate cause Canditions, If eny, which Gave rise to immediate cause Canditions, If eny, which Gave rise to immediate cause Canditions, If eny, which Burlay Or Contributing CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While Not while CAUSE OF DEATH. 21. I certify that I took charge of the remains described death resulted from: Natural causes CAUSE OF DEATH. 22. NAME OF CEMET CAUSE OF INJURY ACCUPATION CAUSE OF INJURY C	PACE OF DEATH C. COUNTY DOTCHE STOT MARYLAND C. CITY OF TOWN git suited component limits, while RURAL C. CENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT OF TOWN git suited component limits, while RURAL C. LENGTH OF STAY IN 16 LOT		



910	ed bis		dian,	
pleas	4 shot		Crem.	,
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please exe	cute the certified withing the ward "pending" in pencit in Item 18. Give Pages 1, 2, and 3 to the funtial Birector and 4 should be	forwarded to the of Medical Examiner's Office along will fam. PM3. Page II may be retained for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation	
Jeath.	13 to 1	etained	with t	
after o	2, and	y be r	and 2	
in 24 hours	ve Pages 1,	Poge II mo	File pages 1	
ed with		1 PM3.	ermit.	
execut	llem.	for	ansit p	
auld be	pencil in	slang wi	burial-tre	
ate shi	ui .B	ffice c	0 50	
certific	pendin	ner's C	se used	
t: This	· puox	Exami	hould b	
AMINER	ing the	Medical	Page 3 s	
AL EX	Tip.	G.F.	TOR:	
/ MEDIC	certifical	d to th	AL DIREC	-
DEPUT	cute the	forwarde	FUNERA	OF FAMOUS
7			10	ĺ

VS. A15ME(5) 5M 9/55

ARYLAND STATE DEP	ARTMENT OF HEALTH-	-BALTIMORE,	18
MEDICAL EXAM	INER'S CERTIFICATE	OF DEATH	R

M

teg. Dist. No. () (1595

PLACE OF DEATH	rchester	06	510 MAR	YLAND	2. USUAL RESI	PENCE (Whe	_	d lived. If institu		_	ore admiss	sion)
b. CITY OR TOWN (IF	autside zurparate fimits, write	BURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Hurlock	- mural		3 years		X Hurlock - Rural							
	al or institution (If not in hosp	ital, give street addre	65)	d. STREET AT	odress Milli	ganto	wn			ON A	SIDENCE FARM?
3. NAME OF	Fin	rt	Middle		Lost		DATE	Mont	h	Day	Ye	
(Type or print)	Emma	Hall	Kimball		ornish		OF DEATH	Jam	iary	25	19	GA
5. sex Fomale	6. COLOR OR RACE	7. MARRIEI WIDOWED	31.45		August	1, 190		P. AGE (In years lost birthday) 51 yrs.	Months C	YEAR Ouys	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of working HOUSEW		done 10b. KI	ND OF BUSINESS OR	INDUSTR	Thom:	CE (State or	foreign co	untry)		EN OF		OUNTRY
13. FATHER'S NAME					14. MOTHER'S A	AAIDEN NAA	WE					
Sime	on Hamilton	n			Matt.	ie Lou	Ruff					
15. WAS DECEASED EVE	ER IN U. S. ARMED FOI	RCES? 16. S	OCIAL SECURITY NO	. 17. IN	FORMANT			Address				
No	(ir yar, give wat or doles or :		53-42-1287	' Sa	rah Hobl	bs, ⁿ u	rlock	, Maryla	and, R	.F.	0.	
18. CAUSE OF DEAT	TH [Enter anly one cau	se per line fo	or (a), (b), and (c).							INTERY	AL BETWEE	N
PART I. DEAT	H WAS CAUSED BY:		Hemor	rha	ge						ew N	
981 x	DUE TO											
Conditions, if as	ny, which) (b)		Gun s	hot	wound	ches	ե					
gave rise to immed (a), stating the u												
couse last.	(c).											
PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO T	HE TERMINA	LDISEASE	CONDITION GIV	EN IN PART	1(a) 19	. WAS AI	UTOPSY
Z										Y		NO 🗍
PART II, OTH 200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING		shot by			ry in Port L	or Port II o	f item 18.)				
20c. TIME OF INJUR	Y Month, Day, Yeo		UURY OCCURRED 2	Oe. PLAC	E OF INJURY (H	ome, form,	20f. (City	or town)	{Cour	ity)		(State)
Hour a.m.	1-25-609	While of wor	k Ot while		ry, street, office t	sing., erc.)	Hu	rlock	Doi	3.	Iv	/Id.
21. I certify th	ot I took charge					Autopsy	, In:	spection .	Inquiry		ond fi	ind that
death resulted	from Natural	causes [, Accident [, Suic	ide □, Ho	micide [-	4 4	'		
ACTUAL SIGNATURE	Julian	Mr.	7-28		_M.U.	DICAL EXAM	_	_			DATE SIG	ONED
EXAMINER'S	T 1. 35	vap.				T MEDICAL I				- /	-011	-
NAME (Type)	John Mac					MEDICAL EXA	,			T	28/6	00
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	Jan. 20, 18		Zast New 1				East	evr lar	ket, M	ary.	Land	
J.J. Frampto	S SIGNATURE	Rader	ADDRESS	arvl	nna i	24o. REC'D 8			STRAR'S SIGI			
J.J. Frampto	th Sud bon'	16001	arspare,	~~ ₀ ~~		DATE FE	B 5	60	Inthun S	. 1h	LCC-R	

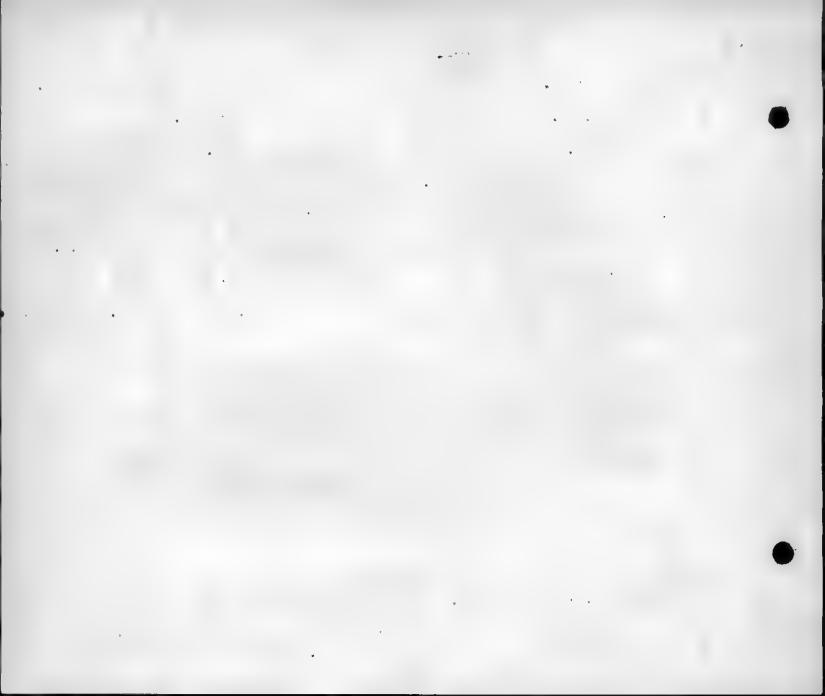


VS. A15ME SM 2757

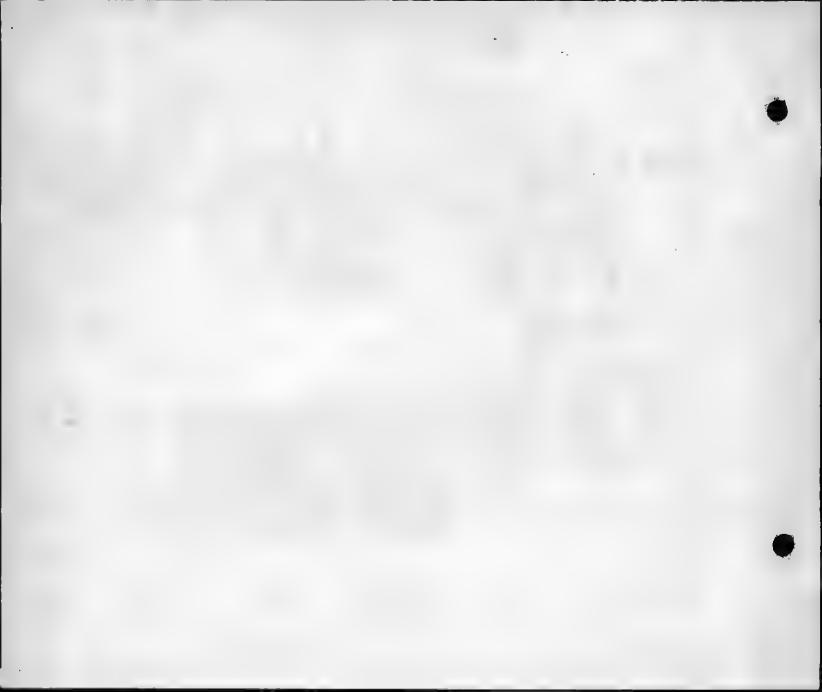
F.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		-AF	0.0				Keg. Dist. No.				
1. PLACE OF DEATH		00	32				ian. Residence before admission)				
	ester Co.		MARYL	LAND	o. STATE Maryland b. COUNTY Dorchester Co.						
	autside corporate filmits, write	BURAL	E. LENGTH OF STAY II	N 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)						
	ge. Md.		Life		Cambridge, Maryland,						
d. NAME OF HOSPITA	AL OR INSTITUTION (I	f not in hospi	ilar, give street address)	d. STREET ADDRESS		e. IS RES DENICE				
100 Locus	t St.		~- <u>-</u> -		101 Acad	demy, St.	YES NO				
3. NAME OF DECEASED	Fire	ſ	Middle		Lost	4. DATE Month	Day Year				
(Type or print)	En :	mer	e C Dove		ton	OF DEATH 7	2 1960				
5. SEX	6. COLOR OR RACE		NEVER MARRIED			9 AGE In years	IF UNDER TYEAR IF UNDER 24 HRS				
M-7-	T.D. S.L.	WIDOWED	DIVORCED [7	(/20/2001	fort birthday)	Months Days Haurs Min.				
100. USUAL OCCUPATIO	White		A	_	Y 11. BIRTHPLACE (State		The six ten of walks so where				
during most of warking	g tife, even if retired)	100. KI	-	1400316	. Tr. Bikilir Exce (side	or integra country;	12. CITIZEN OF WHAT COUNTRY?				
Carpent 13. FATHER'S NAME	er		Carpenter		Maryla		U.S.A.				
IJ. PATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
William	cam Dayton				N	Mary Horsemab					
15. WAS DECEASED EVE	R IN U. S. ÄRMED FOR		OCIAL SECURITY NO.	17. IN	FORMANT	Address					
No	No	· · · · · · · · · · · · · · · · · · ·	nknown		Randall Davi	on. 101 Acade	my St. Cambridge.				
	TH Enter only one cour		The second second	-	THE THE PARTY OF T	- LOL ACQUE	INTERVAL BETWEEN				
PART I, DEAT	H WAS CAUSED BY	Car	2010.02722	. 7	-4		ONSET AND DEATH				
125	IMMEDIATE CAUSE (0)	- 001	onary oc	Стц	STOU		Instant				
this at	DUE TO										
Conditions, if ar											
(a), sloting the u	A COLLEGE										
couse last.) (c).										
PART II, OTH	ER SIGNIFICANT COND	DITIONS CON	TRIBUTING TO DEATH	BUTNO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART I(a) 19. WAS ALTOPSY				
Š							PERFORMED?				
20g. EXTERNAL CAU	SE WAS 208	b. DESCRIBE	HOW INJURY OCCURE	RED (En	ter nature of injury in Port	Let Part II of Hem 18.)					
PART II, OTH PART II, OTH 200. EXTERNAL CAU PRIMARY [] 07 CON CAUSE OF DEATH.	ITRIBUTING 🖸					. or rail to at their total					
	Y Manth, Day, Yea	1 204 (6)	HURY OCCURRED 120	- DIACI	E OF INJURY (Home, farm	20/ 10%					
20c. TIME OF INJUR	mann, adj, rea	While	Not while	factor	y, street, affice bldg., etc.	20r, (City or town)	(County) (State)				
	19	at work	at work								
21. I certify th	at I took charge	of the re	mains described	abov	e, held on Autopsy	Inspection	Inquiry , and in my				
opinian death	resulted fram: N	Natural co	uses 📆 Accid	ent [], Suicide [], h	lamicide . Undeter	mined manner				
()			_	-						
ACTUAL SIGNATURE	Yours	3-2-	- h		CHIEF MEDICAL EX	AMINER []	DATE SIGNED				
SIGNATURE			1	,	M.D. ASSISTANT MEDICA						
EXAMINER'S	Dr. John	Maca	Jr.	*	DEPUTY MEDICAL E	/	160				
				by car							
220. BURIAL, CREMATIO REMOVAL (Specify)	- 1-110-	2	2c NAME OF CEMETER			22d. LOCATION (City, town, or	r county) (State)				
Burial	1 1/5/60		East New 1	Mark		East New Mark	et, Maryland.				
23, FUNERAL DIRECTOR			ADDRESS	Rd-	9 1	D BY REGISTRAR 246 REGIST	TRAR'S SIGNATURE				
Le Compte	Funeral Se	rvice,	Gambriage,	, Ma	ryland DATE J	AN 11 '60 C	Thus S. Fires				



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2 8.8			MEDICAL EXAMINER'S CERTIFICATE OF DEATH
shauld b	1.5	7	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
sha crem	(43		MARYLAND O. STATE MC. 6. COUNTY WET
ge ge burial,		1	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
a bu			glenty alley & Ellipte
director director dies.	×		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addrest) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
eral aur f			NAME OF DECEASED First Middle Lost 4. DATE Month Day Year DECEASED Type or print) GALLET LOST PEATH 10 0
f any far y e reg		5. \$	EX 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED DU B. DATE OF BIRTH 9. AGE (In years) I FUNDER YEAR I FUNDER 24 HRS.
# Ped #		1	Male White WIDOWED DIVORCED 11/2/1899 lost brinday) Months Days Hours Min.
deal d 3 i retoi 2 wi		10a	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
ond		.	Waterman Water Weigt, Mg U.S. A
urs moy	1 -	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18. MOTHER'S MOTHER'S MAIDEN NAME 18. MOTHER'S MOTHER'S MOTHER'S MAIDEN NAME 18. MOTHER'S MOTHER'S MOTHER
4 ho age: g≡ 5 pog		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ive File		(Yes	no, Sydminown) (If yes, give war or dates of service)
Mit.			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONE THAT AND DEATH
a 18			PART 1. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (0) Coronary Octors Miland
exect no lite fifth for ansite			DUE TO
Cil ii			Conditions, if ony, which (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
haule alar bur			(c), stating the underlying course last.
os o		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
sed on	\$	CATI	YES □ NO 🏋
per per miner		CERTIFI	20s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.)
Exai			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
the the dical		MEDICAL	Hour o. m. While Not while at work to the state of work to the state of the state o
Fag			21. 1 certify that I took charge of the remains described above, held an Autopsy []. Inspection [X]. Inquiry [], and find tha
O = = 0			death resulted from: Natural causes . Accident ., Suicide ., Hamicide ., Undetermined cause .
Dic Co The REC			ACTUAL SIGNED DATE SIGNED
Y ME certified to At Di	. ,		ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
The The NEW NEW THE POT			EXAMINER'S JOHN MACE JR DEPUTY MEDICAL EXAMINER DEPUTY
cute the forward of FUNE	5	229	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
F F		23.	FUNERAL DIRECTOR'S SIGNATURE /// ADDRESS () 240. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME(5) 5M 9/55		2	with S. / illought y Cast New Market, IL DATE JAN 1 4'60 arilus S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

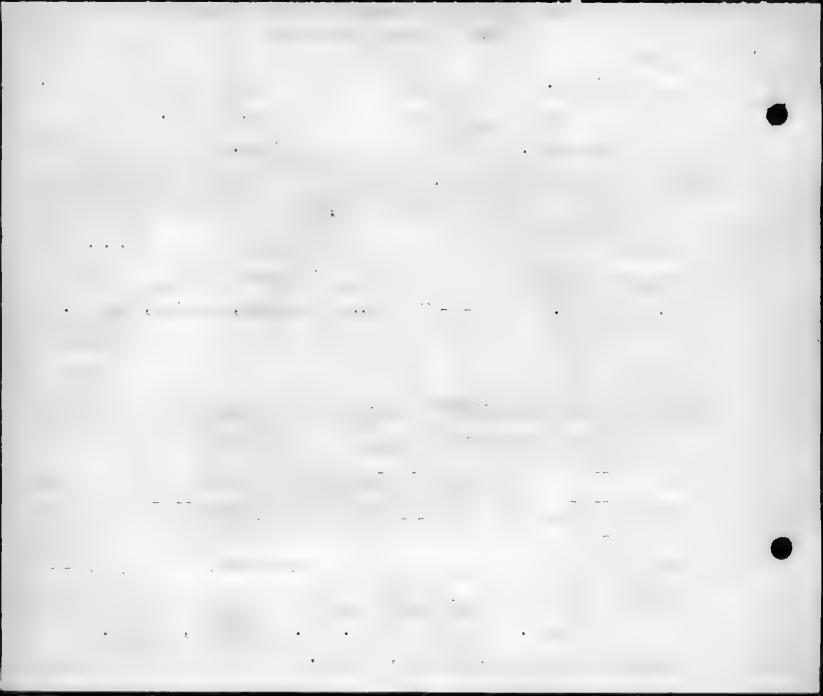
0593 CERTIFICATE OF DEATH

08598

				O CERTII	ICMI	L OI DLA			Reg. Dis	st. No.		. ()		
), PLACE OF DEATH				2.	USUAL RESIDENCE (Where decease		anı Resideni	ce before	e odmis	sion)		
		ester Co.		MARYL	AND	o. SiAle Marv	land	b. COUNTY	Doro	chest	ter	Co.		
	b. CITY OR TOWN (If outside corporate limi	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (orate limits, write R		_				
	RURAL and give n	dge. Marvl	and	Life	1	Cambi	mi dan	Maryland.						
	d. NAME OF HOSPIT	IAL (If not in hospital, g	ive street			d. STREET ADDRESS		rier y Land		10		SIDENCE		
	OR INSTITUTION	16 Muir St				76 M	uir St.					A FARM?		
	3. NAME OF	10 141111 St	-	Middle		Lost Lost	4. DATE	Man	. M.			Year		
	(Type or print)				777		OF DEATH		eri	Day 8		1960		
	5. SEX		orge	HED NEVER MARRIED	Fow.	ATE OF BIRTH		9 AGE (In years	IF UNDER					
	26.2		WIDOWE	ALC:		5/1/1876		last birthday)	Manths	Doys	Hours	Min.		
	Male	White		KIND OF BUSINESS OR	_		ote or foreion i	Foundary)	112 CIT	IZEN OI	E WHAT	COUNTRY		
	during mast at wor	king life, even if retired)		11003181			cooning)				COOMINI		
1	Unknown 13. FATHER'S NAME		-	Unknown	11	Delaw Mother's Maiden			J U.	.S.A				
1					- 1									
	15. WAS DECEASED EVE	ias Fowler		COOL CECUDITY	17. INFO	Dassy	Fowler	Add						
		If yes, give wer or dates of s		SOCIAL SECURITY NO.	IZ. INFO									
	No.	No.		214-07-9332	Mrs	, Bertha	Fowler,	Cambrid	ge, Ma	aryl	and,			
		*	use per li	ne for (a), (b), and (c).						INTE	RVAL BE	ETWEEN DEATH		
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE &	U1	remia						2 days				
	25/X	DUE TO	•											
		Canditions, if any, which a control of the control										2 days		
	gave rise to i													
	lying cause last.) (c		terieselero							unknovm			
1	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	RMINAL DISEA	SE CONDITION GIV	EN IN PART	1 (a) 19	. WAS	AUTOPSY DRMED?		
,	PART II. OTH		•									NO 🖬		
	20g. ACCIDENT WA	AS UNDERLYING []	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature of injury	in Part I or Po	rt II of item 18.)						
		MEDICAL EXAMINER)												
	Y 20c. TIME OF INJUR	Y Month, Day, Ye			Oe. PLACE	OF INJURY (Home, fr , street, affice bldg.,	orm, 20f. (Cit	y or town)	{C	Caunly)		(State)		
	Hour e.m.	19	While of wor	Not while	Tociory		erc.)							
	21 Leastifu ti	nat I attended the	decess	ed from 1-6-	-60	., 19, la_	1-8-6	SO 10	45-4-1-1		the	daaaaaa		
	· .	L=8=60	10			curred at 2:3								
	41170 011		'	, did ilidi d		corred dilacati		Street, city or town,		ie dan		ea abave Ate signen		
	ACTUAL SIGNATURE	OD vila	e #	- Whole	1	15 Locu	,	•	,	ма				
ř	SIGNATURE	20 May	10	111	, M.D.		20 2016	sec, oanitol	TORD	- 1034	26_	0-00		
	PHYSICIAN'S NAME (Type)	Eldridge	H. 10	Tolff. M.D.										
	22a. BURIAL, CREMATIC			22c. NAME OF CEMET	ERY OR C	FMATORY	224 1004	TION (City, town, o	or countril		75.			
	REMOVAL (Specify)					em. Park.				en al	(Stat	ej		
	23. FUNERAL DIRECTOR		•	ADDRESS	oer M		EC'D BY REGIS	oridge, M						
		Funeral Se	rvic		e. Ma	ryland	JAN 1 4 '	60 Cin	Shull L.					

ral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by After this cartificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be detached for use as the puriol, on the majoritan prime to buriol, cremotian, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

h

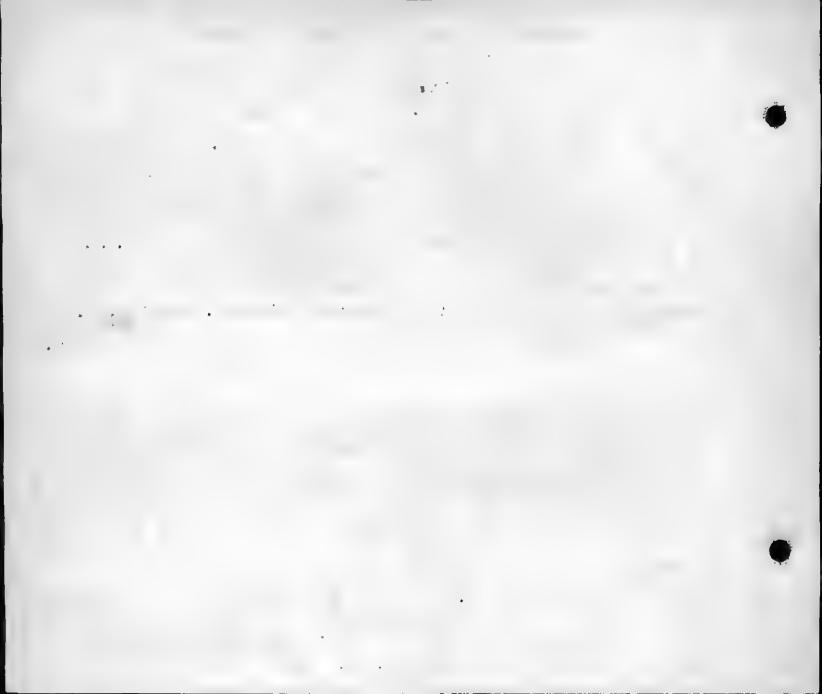


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0594MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) a. COUNTY Derchester **6 COUNTY** MARYLAND Derchaster iles. b. CITY OR TOWN (if outside corporate limits, write #U#AL C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge l yr. Cambridge d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS E IS RESIDENCE O 4 A FARM? ē, ē Cambridge Hespital 00 Edgewood Ave. YES NO T 3. NAME OF Middle DATE Year DECEASED Edd#. Fussall (Type or print) DEATH January 1960 6 COLOR OR RACE 7. MARRIED NEVER MARRIED A 8 DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HKS Male Negro Months Hours Days WIDOWED | Unknown DIVORCED [7] About55 SO Poge 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U-S-A-Ilnknown Laberer 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME linknean Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. az unknowe) (If yes, give war or dates of service) Cambridge Police Dept. Cambridge unknern 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY Coronary ecclusion IMMEDIATE CAUSE (0) 2 hrs. DHE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying Đ couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 118, WAS AUTOPSI osed PERFORMED? NO T 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port i or Port II of item 18.) 0 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20f (City or lown) (County) (State) foctory, street, office bldg., etc.) While Not while D 00 of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . DIRECTOR: opinion death resulted from: Natural causes [4], Accident [7], Suicide . Hamicide . Undetermined manner designated ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE shavid be ASSISTANT MEDICAL EXAMINER **EXAMINER'S** John Mace Jr. NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 27C. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) anatomical Board Hosp. 5 0 Jniversity **ADDRESS** FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRÁR'S SIGNATURE VS A1SME DATE JAN 2 8 '60

Cambridge.

5M 2/57

Cirthur & Kraya



may be retained by haspital or all TO FUNEXAL DIRECT After this certain page 3 should be detached for use or

VS A15 (4)

15M 9/55

death.

havrs after

PHYSICIAN'S Dr. Ettore DeFilippis

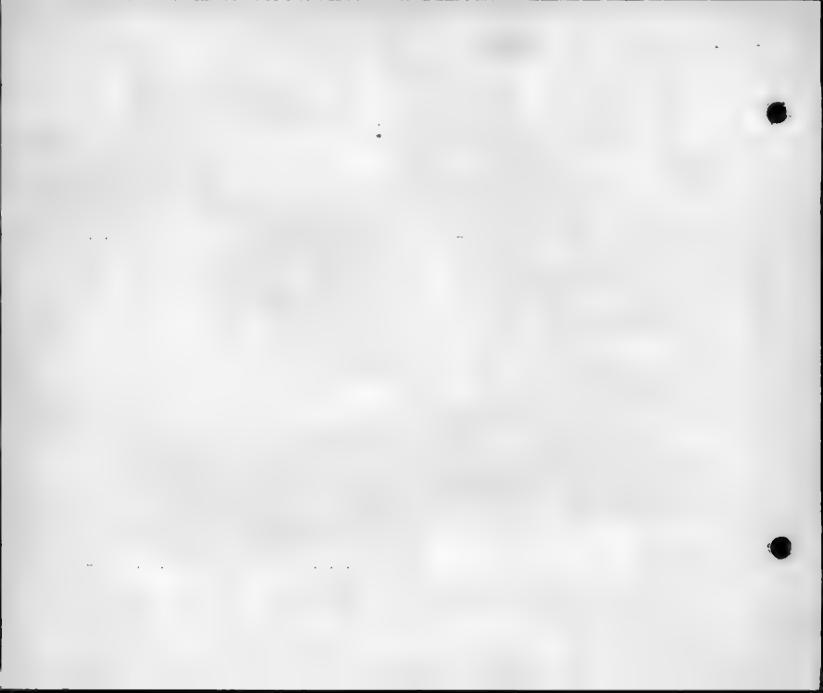
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY
REMOVAL (Specify)
DUR Me MO, PK

22d. LOCATION (City, Iown, or county)
PAMBRIDS &
DUR Me MO, PK

23. FUNERAL DIRECTOR'S SIGNATURE
ADDRESS CAMBRID 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Le Compte Funeral DATE JAN 11'60

Carling S. Krane

(Stole



ADDRESS

24g, REC'D BY REGISTRAR

arthur & Though

DATEJAN 25 '60

9 VS A1S (4) 15M 9/58

DIRECTOR'S SIGNATURE

deoth



CERTIFICATE OF DEATH 0595

Reg. Dist. No.

JAN 1 4 '60

()	{\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	6	G	2

Hours 12. CITIZEN OF WHAT COUNTRY?

19____,that I last saw the deceased auses and an the date stated abave.

Chihun S. Huers

(Stote)

DATE SIGNED

recto d wit			LACE OF DEATH			MARYL	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY								
PE	EN)	<u> </u>	Dorche	ster Co				Lamylan	rd		Dorohos	ton Co			
ero be	(III)	'	o. CITY OR TOWN (RURAL and give n	If outside corporate limi	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF	outside carpo	rote limits, write RI	JRAL and give r	negrest lown)			
Ŗ				dee. Maryla	ากส้	Taife		13 Cambrid	cen Man						
D.	,		I. NAME OF HOSPI	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS	Eat tal	-y 1 a no		e. IS RESIDENCE			
> 0			OR INSTITUTION					1 100 0				ON A FARM?			
in the		=	NAME OF	o, Maryland	-,	spital			rn St						
٦ <u>٦</u>			200	Fir	ař	Middle		Last	4. DATE OF	Mont	h I	Day Year			
ty fille Poges		⊢	Type or print)		ver.	<u>T.</u>		Grav	DEATH	1		19 60			
and completely filled		5. 5	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIEL		B. DATE OF BIRTH		9. AGE (In years lost birthday)		TRUNDER 24 HR			
2 G			Male	White	WIDOW	ED 📋 DIVORCED		6/21./7801.		65 yrs.	Months Day	Hours Min.			
Ĕġ.	e a	10a	USUAL OCCUPATI	ON (Give kind of work of	dane 10b.	. KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stole	or foreign c	puntry)	12. CITIZEN	OF WHAT COUNT			
<u>5</u> 4.	60			king life, even if retired	,	26.12		36 99							
		13.	FATHER'S NAME	allman		<u>Mailman</u>		Manyaan				U.S.A.			
5 8	6								4						
Ye Ve	ž	_	Thor	as Gray			I am m	Emily Jones							
fe g	2	15, {Yes	WAS DECEASED EVI	R IN U. S. ARMED FOR (If yes, give wor or doles of s		SOCIAL SECURITY NO	17. IF	IFORMANT		Addr	ess				
000	2	_	Yes	TATIAT T		Unknown		Le Compte	Funanc	1 Servic	Page	rds			
attending physician	Ę.		18. CAUSE OF DE	ATH [Enter only one co	use per li	ine for (a), (b), and (c).]		72			IN.	TERVAL BETWEEN			
투교.	3		PART I. DE	ATH WAS CAUSED BY:		ronary occl		- WA			0	NSET AND DEATH			
함	e a		21201	DUE TO		HURAL V HEEL	цки	III				oer mins.			
, .	é		7												
D'E	6		Conditions, if a	mmediate		ronary scle	rosi	s marked			- 1	ınknown			
E a.	2		cotte (a), stating	the under-											
. S. E.	Pu	_	lying cause lost.		The second second			generalized				ınknown			
troi.	i /	CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS,	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIVE	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
<u>0</u>	901 1000	3		Diabetes me	llit	us, mild						YES NO			
be h	ē.	E E	20g ACCIDENT W	AS LINDERLYING IT			CURRED). (Enter noture of injury in	Port I or Par	t II of item 1B.)					
S e	ō	CER	(IF EITHER, NOTIF)	MEDICAL EXAMINER)											
artii 93	e,	CAL	20c. TIME OF INJU	RY Month, Doy, Yes	or 20d.	INJURY OCCURRED	20e. PL/	CE OF INJURY (Home, form	20f. (City	ar town)	(Count	y) (Stote			
. S . S .	P P	MEDICAL	Hour o.m.	19	While	Not while	foc	lory, street, office bldg., etc			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,			
= 5	ē	Σ	р. m.						<u> </u>						
£ 5.	<u> </u>		21. I certify t	not I attended the	deceas	sed fram10=	23-5	19, to	1-8-60	, 19	that I last	saw the deceas			
Che A	2		alive on#	#8# ## 1-6-6	Q, 19	and that o	death	accurred at 9:45	P.M. from	n the causes a	nd an the d	ate stated aba			
de de	0			con n	11	1 - 1	2			reet, city or town, I		DATE SIGN			
ě	5		ACTUAL SIGNATURE	la ridat	<i>**</i>	World	,	A.D. 15 Locust	Stree	t. Cambri	des Ma	1_6_60			
NE PE	ä.					1) ()	······			-x-9 230000x 9-9	Mean ma	MELLETICAL.			
ERAL DI 3 shauld	ē /		PHYSICIAN'S NAME (Type)	Eldridge	H.	Wolff M.D.									
TO FUNERAL page 3 shau	egistrar	220	BURIAL, CREMATIC			22c. NAME OF CEME	EDV O	COEMATORY	last tocas	ION (City, town, o		*************			
5 8	0	"	REMOVAL (Specify	1	•						• • • • • • • • • • • • • • • • • • • •	(Stote)			
0 8	Ē	-	Burial	1/8/60)		r Me	m, Park.	Can	bridge, l	Marylan	1.			
jm .		43.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. REC'	D BY REGIST	RAR 245. REGIS	TRAR'S SIGNAT	URE			

Le Compte Funeral Service, Cambridge, Md,

عاق Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

VS A1S (4) 15M 9/55



1		
y the attending physician and campletely filled in by the taneral director,	Then please remove carban papers. Pages 1 and 2 shauld be filed with event within 72 hours offer death.)

DING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after daith. Page 4

			614	CERTIFIC		- 01 5	-	•			Reg. D	ist. No		
1.	PLACE OF DEATH		- A		2,	USUAL RESID	ENCE (WI	rere deceose	d lived. If inst	itution	: Reside	nce befo	re admiss	s'on)
	a. COUNTY	Oorchester		MARYLAND		o. STATE Ma:	rylar	nd	b. COU	NTY	Cec	il		-
	b CITY OR TOWN (I RURAL and give no	f outside corporate limits, v	vrile c. LENC	OTH OF STAY IN 16		c. CITY OR TO	OWN (IF o	outside corp	orate limits, wri	ite RU	RAL and	Give nec	arest fawr	n}
	rural Car			Ili yrs.		Elk	Mill	Ls	-	~ 7	A	110		
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, give Shore State H	street oddress)			d. STREET AC	DRESS							FARM?
L		-	1002.1.001		Ш			-					153 [2	NO [
3	NAME OF DECEASED	First		Middle		Last		4. DATE OF		Month		Do	- 7	Year
L.	(Type or print)	ELL		LYDIA	,	HALE	Y	DEATH		an.		5		19 60
5.	SEX		MARKIED []	rien ex my by by historia	B. D.	ATE OF BIRTH	10		9. AGE (In ye		Months		1F UND	ER 24 HR Min.
	female	white w	DOWED 📉	piyokater 🔼		11/	9/89		70			- Dujis	110015	179111,
100	during most of worl	ON (Give kind of work done king life, even if retired)	10b. KIND OF	BUSINESS OR IND	USTRY	11. BIRTHPLA	CE (State	or foreign o	country)		12. CI1	rizen of	FWHAT	COUNTRY
	Housework		Home			Ad					11	.S.		
13.	FATHER'S NAME				14	. MOTHER'S	MAIDEN I	AME						
	Charles B	enson			1	Mollie	Cox							
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCES	? 16. SOCIAL	SECURITY NO.	INFO	RMANT				Addre	155			
1111	no, ar unxnown;	(If yes, give war or dates of service	"l no	ne		Hos	Lita	l rec	ords					
F	18. CAUSE OF DEA	TH Enter only one cause										INT	ERVAL BE	ETWEEN
		TH WAS CAUSED BY:		ized arte	nio	calana	aic					ONS	SET AND	DEATH
	450.0	IMMEDIATE CAUSE (o)	General	IZCU AI ie	1.10	perero	210			-				
	7													
	Conditions, if a	mmediate (· ·										
	couse (a), stating													
_	lying couse last.) (c)												
110		TER SIGNIFICANT CONDITI					THETERM	INAL DISEAS	SÉ CONDITION	GIVE	N IN PA	RT 1(o) 1	PERFC	AUTOPS PRMED?
1CA		Depressive :											YES _	NO X
CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [206 CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HC	OW INJURY OCCUR	RED. (E	nter nature of	injury in	Port I or Po	rt II of item 18.	.)				
SAL	20c. TIME OF INJUR	Y Month, Doy, Year	20d. INJURY O			OF INJURY (H			y or town)			(County)		(Stat
MEDICAL	Hour o.m.		While No	A LINE	octory	, street, office	bldg., etc	:.)						
>	p. m					>	7	- /						
	**	at I attended the de							. 19.					
	olive on 2 2	W-5	1660	, and that deat	ih oc	curred at_						ie dote		
	ACTUAL " /	,	Annual Property						street, city or to					TE SIGNI
	SIGNATURE	a grades -	1. 1	6-45-6	M.D.	E.S.S	Hosp	ital,	Cambri	dge	9 , M	<u>d</u>	1-5	-6
	PHYSICIAN'S NAME (Type)	Thomas J. Dr	edge					n igo soc.oo.oo.oo. igo go. o		- ~ .				
22		N, 22b, DATE THEREOF	22c N	AME OF CEMETERY	OR CR	EMATORY		22d LOC/	TION (City, to	wn, ai	county)		(Sto	te)
1	REMOVAL (Specify)	Jan. 9, 1960	Gal	ena Cemet	ery			Gale	na, Ken	t (lo.		Md	•
_	FUNERAL DIRECTOR			DRESS		,		D BY REGIS			TRAR'S S			
	8 NO.3	de con chie	11.11	100 mail	11.	ld.	DATEJA	N 8 '6	0 (1.11	.ug &	Tran	d.	

TO HOSPITAL OR AT DING PHYSICIAN: The law requires the may be retained by haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached far use as the burial-transit permit, the registrar prior to burial, cremation, ar remayal, and in any VS A1S (4) 15M 9/58

1)

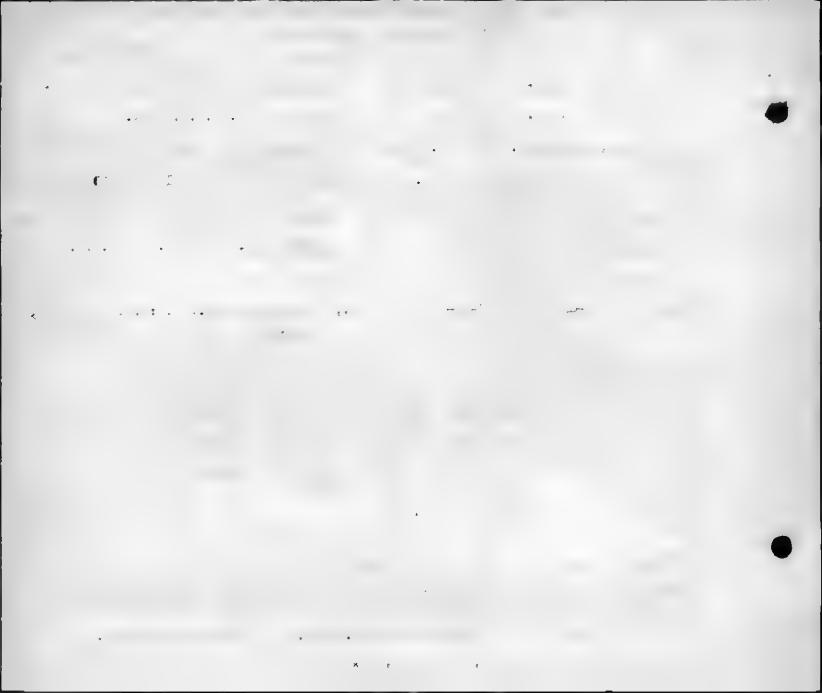


(14694

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY D. STATE **b** COUNTY MARYLAND Dorchester Co. Marvland Dorchastar Co b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cambridge. Tife Cambridge MA. R.E.D. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES TY NO Cambridea Maryland Hosnital None NAME OF First Middle 4. DATE Lost Month Day Year DECEASED (Type or print) DEATH Charles H Handler IF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) 5. SEX B. DATE OF BIRTH Months Doys Hours Min. DIVORCED T WIDOWED [Male White 8 yrs. 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Watermam Waterman Dorchester Co. 13. FATHER'S NAME James Handley Cohralia Seward 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Cambridge, 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** Conditions, if ony, which ! gove rise to immediate DUE TO cotse (a), stating the underlying couse lost. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 20° ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) House O. m. While Not while 19 of work of work p. m. 190 Q that I last saw the deceased 21. I certify that I ottended the deceased from alive on and that death occurred at d M, from the causes and on the date stated above. DATE SIGNED and ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buria /2/60 Cambridge Dorchester Mem. 276. REGISTRAR'S SIGNATURE 241. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS arthur S. Frank Le Compte Funeral Service. Cambridge. Md. DATESTER 8

director, filed with Page deoth. 0 hours ofter 2 popers. compl puo corban offer physicion remove offending ᇻ Then à permit. gned puo **buriol-transit** removal, det DIREC þ prior 3 should HOSPITAL FUNERAL page e 9 VS A15 (4) 15M P/SS

F

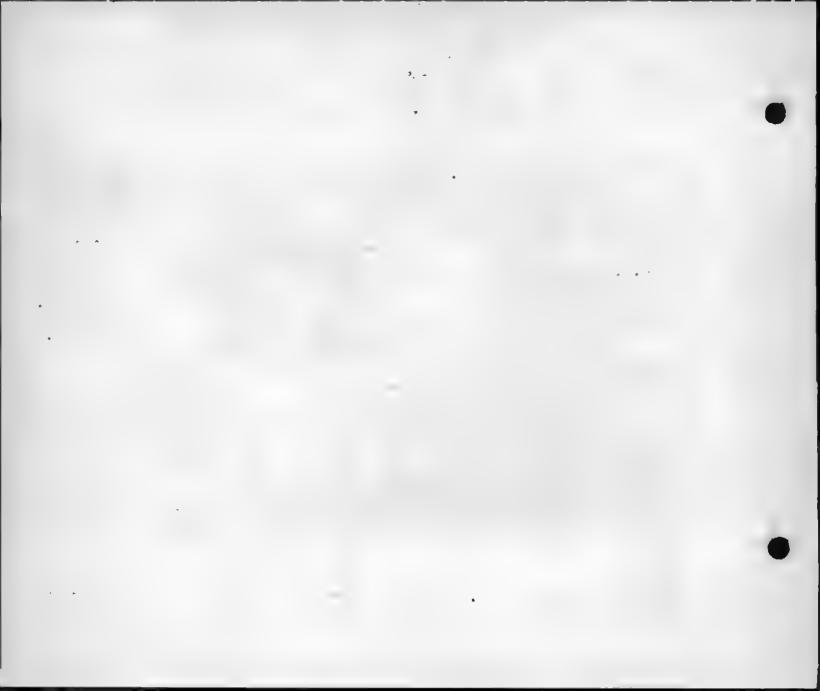


VS. A15ME(5) 5M 9/55

I

Reg. Dist. No. () (1606

	PLACE OF DEATH	1	U	737				ESIDENCE (V				_			
	שכ	rchester			MARY		-	Mary.			COUNTY			ste	
1	and give nearest town		RURAL		GTH OF STAY I	N 1b	T	OR TOWN (IF		•	s, write R	URAL ond [give neo	rest town	1)
L	Camb	ridge		2	hrs.		X E	ast Ne	ew Ma	irket					
		AL OR INSTITUTION (I		,	ve street address	1)	d. STREET	ADDRESS					1	IS RESI	FARM?
L		idge Hos	oite	1										YES 🗌	
3.	NAME OF DECEASED	Fin	•	-	Middle			ast	4. DATE		Month		Day	Yea	1 -
	(Type or print)	Rosal:		B.			lenry		DEATH		Janu		29	19	60
5. :	_	6. COLOR OR RACE	7. MAR	RIED 🔼 I	NEVER MARRIED		DATE OF BIR	TH / / 0	19	9. AGE (in	увога (FUNDER 1'		ONDER	24 HRS.
	emale	White	WIDOV	-	DIVORCED [-	1/10	119	//	10	yrs.				
100	USUAL OCCUPATION	ON (Give kind of work on the life, even if retired)	lone 10b	. KIND OF	BUSINESS OR I	NDUST	Y 11. BIRTH	PLACE (Stote	IIIr Foreign	country)		12. CITIZI			OUNTRY?
	Housewii	е		Own	home		Mai	ryland	d				U.S	.A.	
13.	FATHER'S NAME						14. MOTHER	'S MAIDEN N	AME						
	J.E.	Boston					Mag	ggie 1	Phil:	Lips					
	WAS DECEASED EVE	ER IN U. S. ARMED FOI		6. SOCIAL	SECURITY NO.	17. BN	FORMANT				Address				
	No	In hard flate area on contract at		***	4	1	Percy	Henr	У	East	New	/ Mar	ket	, M	d.
Г	18. CAUSE OF DEAT	TH (Enter only one cau	e per l'i	ne far (o), i	[b], and (c).]								NTERVA	BETWEEN	}
		H WAS CAUSED BY, IMMEDIATE CAUSE (a)		Cor	onary	000	clusio	on					2	hrs	•
	120.1	DUE TO					-								
П	Conditions, if a														
	gove rise to immed	liote cause													
	(a), stating the scouse last.	[c].													
Z	PART II. OTH	IER SIGNIFICANT CON	SMOITIC	CONTRIBU	TING TO DEATH	BUTN	OT RELATED T	O THE TERMI	INALDISEA	SE CONDITI	ON GIVE	N IN PART	l(a) 19.		
CERTIFICATION													YE	PERFOR/	NO 💢
135	200. EXTERNAL CAU	SE WAS _ 20	DESCI	HBE HOW	INJURY OCCUR	RED. (Ei	iter nature of	injury in Port	t I or Port I	l of item 18.)				
ä	PRIMARY OF CON	VIRIBUTING LI													
3	20c. TIME OF INJUI	Y Month, Day, Yea	r 20c	J. INJURY	OCCURRED 20			(Home, form		y or tawn)		(Coun	ty)		(State)
MEDICAL	Hour a.m.	19	WI	hile I	Not white	facto	ry, street, alti	ce bldg., etc.	,						
-		at I took charge				abov	re. held a	n Autops	v 🗖 .	Inspectio	n K7.	Inquiry	П	and fi	nd that
П		from: Natural		_				Homicide		Indetermi		-	L.,	ana m	na mar
				KEN, I				FIGHT	ш, ч	1100	1100 00				
	ACTUAL SIGNATURE	Yara	2-		To Va		CHIFF	MEDICAL EX	AMINER I	1				DATE SIG	CAMED
	SIGNATURE	70	and the same of			7	_M.D.	TANT MEDIC	_	4					
	EXAMINER'S NAME (Type)	John Ma	ce e	Jr.				Y MEDICAL I	-	_]	-30	-60
7	BURIAL, CREMATIO	1 1/2/1/	0		ME OF CEMETE	RY OR	MENE	et	2000	ation iony	town, for	County)	lek	(Stote)	9
23.	EUNERAL DIRECTOR	STORYATURE	10	Al	DORESS	2	1-4		D BY REGIS		. REGIST	RAR'S SIGN	NATURE		
1	Jul X	Herosyl	wy	Con	I rew.	MA	ikel	DATE	B 5 '	60	ant	hun S. 1	Erana		



MEDICAL

DEPUTY

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH DEPT.

H

ion, please Files, of Health,

TO DEPUTY MEDIC II TEAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certif.

I writing the word "pending" in pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral displayed should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far 10 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Baard or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

.00608

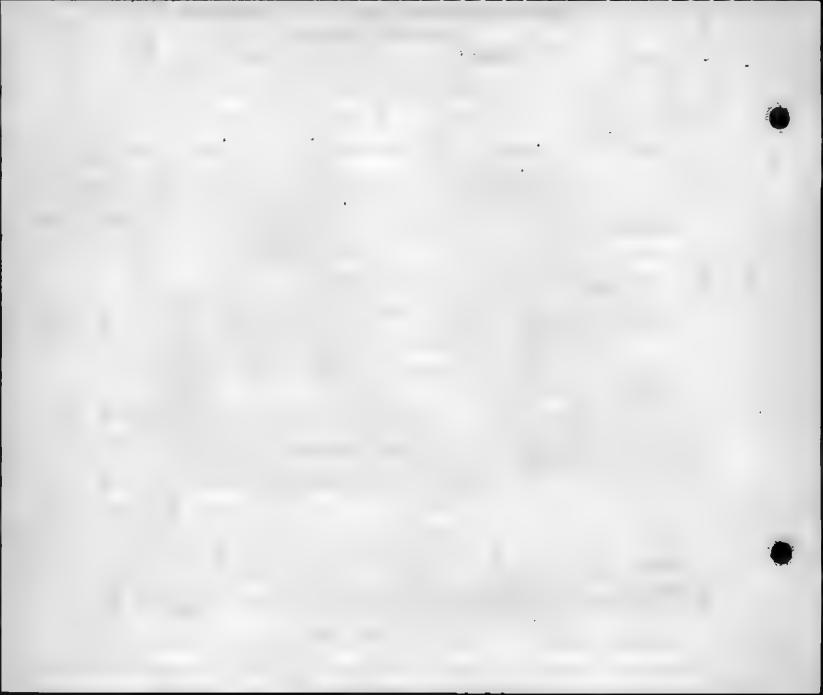
	OF B			Keg, Dist. No.
1. PLACE OF BEATH a. COUNTY	0599		Where deceased lived. If institution	Residence before admission)
Dorchester Co.	MARYLAND	o. STATE Maryla	b. COUNTY	Dorchester Co.
CITY OR TOWN (+ outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		f outside corporate limits, write RU	
Cambridge. Maryland	Life	Cambr	idge. Maryland.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	spitol, give street oddress)	d STREET ADDRESS	and a second distance of the second distance	e IS RESIDENCE ON A FARM?
9 Ceader St.		9 Coad	er-St.	YES NO
3. NAME OF PICEASED (Type or print)	Middle	Lost	4. DATE Month OF DEATH	Doy Year
MISSO		Lankford DATE OF BIRTH	<u> </u>	UNDER TYEAR IF UNDER 24 HR
THE STATE OF THE S	V	DATE OF BIRTH	the state of the s	onlhs Doys Hours M'n.
Female White WIDOWE		January ? 1	873 87 7	
floa. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		N N. BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTR
	Housewife	Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Asora Hurley		Sallie	Horseman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16 (Yes, no., or unknown) (If yes, gives war ar doles at service)	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
	Unknown Mr	as Maltan D	oioas Cali-l	Massan 2
18. CAUSE OF DEATH [Enter only one couse per line	for (a) (b) and (c)	s- Warrer n	aisey, Salisbury	Plaryland.
	eral vascula	n accident		ONSET AND DEATH
IMMEDIATE CAUSE (a)	Derai Vascura	1 accident		35 hrs.
33/X DUE TO				
Conditions, if any, which }				
gove fine to immediate cause				
(a), stating the underlying DUE TO				
cause fost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO N
200. EXTERNAL CAUSE WAS 20b DESCRIE	E HOW INJURY OCCURRED. (E	Her nature of injury in Pai	rt I or Fort II of item 18.1	
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.				
	INJURY OCCURRED 20e. PLAC	T OF BUILDING 6		
20c. TIME OF INJURY Month, Doy, Yeor 20d. Hour e. m. yhii p. m. 19		E OF INJURY (Home, formander), street, office bldg., etc.	i.) City or fown)	(County) (Stole)
₽ p. m. 19 of w	ork ot work		i	
21. I certify that I took charge of the	remains described above	re, held an Autops	y , Inspection X,	Inquiry , and in my
opinion death resulted fram: Natural	causes 🗵 , Accident [], Suicide [],	Homicide . Undetermi	ined manner
	0			
SIGNATURE JECT 222	eXo	M.D. CHIEF MEDICAL E	XAMINER 🔲	DATE SIGNED
		ASSISTANT MEDIC	AL EXAMINER 🗌	
NAME (Type) Dr. John Mace	Jr.	DEPUTY MEDICAL	EXAMINER 1/10/	/ 60
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or es	ounly) (State)
Burial 1/12/60	Donohouten Man	Davida		,,
23. FUNERAL DIRECTOR'S SIGNATURE	Dorchester Men		Cambridge Mary	land.
			D DT REGISTRAR ZAB. REGISTRA	R'S SIGNATURE
Le Compte Funeral Servic	e, camoradge, r	DATE T	8N 1 4 '60 √ .72.	of I though

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Mariania CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] filed Dorchester o. SMrvlanx b. COUNTY MARYLAND Dorchester CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) RURAL and give pagrest town) Cambridge ambridge Like d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTIONS 125 Race St. ON A FARM? Race X St. YES NO NAME OF Clara E. Lewis Middle Last 4. DATE Month Day Year DECEASED (Type or print) DEATH Jan 19 60 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 6. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS Female lost Kuthdoy) Dec. Months Davs Hours WIDOWED DIVORCED [papers. yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Own Home Maryland USA puo corbon ofter de 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME Meekins Travers physicion į, known remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IYes, no. or displaymn) 1 (If yes, give wor or dotes of service) 17. INFORMANT Address "known Roland Burton Cambridge Maryland ging 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) das 4201 DUE TO Conditions, if ony, which gove rise to immediate per **DUE TO** coese (o), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19, WAS AUTOPSY PERFORMED? YES INO IT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. [City or town] Day. Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while of work of work p. m. 19 6 Othat I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at. L.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state ACTUAL SIGNATURE 9 prior DIRE should PHYSICIAN'S NAME (Type) registror ryanov moy be re Park Cambridge 220. BURIAL, CREMATION, REMOVAL (Specify) Spentaridge Mary Lander REC'D BY REGISTRAR 23. FUNERAL PHERIOR'S TRIGINATURE] Service 24b. REGISTRAR'S SIGNATURE DATE JAN 2 8 '60

arthur 9

VS A15 (4) 15M 9/5S

deoth.



DATE OF SEA

Citter & France





Compte Funeral Service, Cambridge, Maryland oan AN 1 1 '60

with director Page

filed v

letely

puo

has been signed

certificate

burial-transit physician

> det DIREC

FUNERAL DIR

0

VS A15 (4) 15M 9/5S

prior e q

registrar

remayal.

papers.

carbon

maye

=

death.

haurs after

death certificate



may be retained to

VS A15 (4) 15M 9/55

W

X

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		06	18 CERTIFIC	AT	E OF DEATH	1		Reg. Dist	. No.	0014
1. PLACE OF DEATH 6. COUNTY	chester Co		MARYLAND	2.	usual residence (wi o. STATE Marvlan		d lived. If institution b. COUNTY	-		
b. CITY OR TOWN	(If outside corporate lim		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF o		orate limits, write RI		reste	
RURAL and give r	nearest town) 1 Hill. Md.		Life	\parallel_{\times}			Marylan			
d. NAME OF HOSPI	TAL (If not in haspital,	give street		1/	d. STREET ADDRESS		Marylan	<u>a</u>	e. IS	RESIDENCE
or institution				$\parallel \ell$	None					SN A FARM?
3. NAME OF	Fi	nt	Middle		lost	4. DATE	Mon	th	Day	Yeor
DECEASED (Type or print)	1	Etta	Tvler	P	hillips	OF DEATH		٦	27	19 60
5. SEX			HED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF L	INDER 24 HRS
FeMale	White	WIDOWI			10/6/1872		lost birthday) 87 yrs.	Months 1	Days Ho	ours Min.
100. USUAL OCCUPATE	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR IND			ar foreign c		12. CITI	ZEN OF W	HAT COUNTR
Housew	rking life, even if retired	"	Housewife		Dorcheste	r Co	Maryland	1	T.S.A	
13. FATHER'S NAME				1.	MOTHER'S MAIDEN		ALEX Y LANGE		Jarlat.	
Jabez I	vler				Emily Go	ottee				
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFO	RMANT	0,000	Addr	ess	•	
No	NO	servicej	No	Le u	Compte Fune	rn les	es Santrio	a Car	nhwid	co Ma
18. CAUSE OF DE	ATH [Enter only one co	ouse per li			/ .	-10	UST VIC	بصد و تا	INTERVA	L BETWEEN
PART 1. DE	ATH WAS CAUSED BY:	1)	Corona		Sinker-	- 10-0.	_~ .		ONSET A	AND DEATH
4	DUE TO		1		V	0		&I 1		-
Canditians, if a	ony, which) n		asternas	10	f C	rdino	7 S 7 Son	Mislon	10	me
gove rise to	immediate (>								/
lying couse last.		:1								
PART II. OT			CONTRIBUTING TO DEATH BU		1	INAL DISEAS	1	Francis R 🥕	^ .* P1	AS AUTOPSY
5	Anguel					- Cl		ration to	S. YE	ио 🔽
OR CONTRIBUTING	AS UNDERLYING () G () CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCURI	RED. (E	nter noture af injury in I	Part 1 or Pa	rt II of item 18.) Y			
20c. TIME OF INJU	RY Month, Day, Ye			PLACE	OF INJURY (Home, farm street, affice bldg., etc	20f. [Cit	y or town)	(Co	ounly)	(State)
Hour o.m.	19	While of wor		ocioi y.	meer, unite diag., etc	"				
21. I certify t	hat I attended the	deceas	ed from [[= /	6	, 19.58, to	1 - 3	1964	that I la	ret sow	he decens
alive an	1 - 30		O, and that dea	th ac		M. fro	m the causes a	nd as the	e date s	tated abov
			,	.,,			tgest, city or town,		o dale i	DATE SIGN
ACTUAL COMMANDUE	1232	og those ny t	1 per a time	M.D.	Com	Long	ha		2 .	3-60
NAME (Type)					***************************************		-0	*******		
220. BURIAL, CREMATIO	ON, 226. DATE THERE	OF .	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, town, a	r county)		(Stole)
REMOVAL (Specify Burial	2/3/60		Dorchester I	Vam	Parile					,
23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS	-115-211		D BY REGIS	TRAR 246. REGIS			
Le Compte	Funeral Se	rvice	Cambridge.	Md.	DATE F	EB 8 '	60 a	itiwa &	Henria	



ADDRESS Cambridge, Md.

24c. REC'D BY REGISTRAR

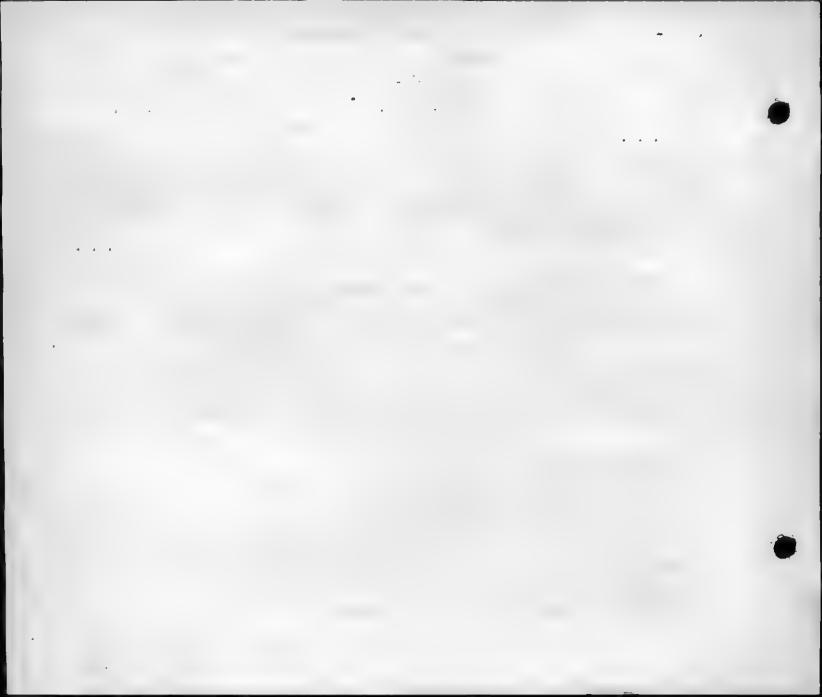
DATEN 1 8 '60

24b. REGISTRAR'S SIGNATURE

C. Jing S. Kraus

VS. A15ME(5) 5M 9/55





aurs ofter death. Page 4		n by unerol director,	nd 2 should be filed with	.(
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4		ysicion and campletely filled in	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	urs offer death.
requires that the death certif	ion.	in signed by the ottending phy	nsit permit. Then please rema	the registrar priar to burial, cremation, or removal, and in any event within 72 hours offer death.
DING PHYSICIAN: The low	moy be retained the hospital or attending physician.	After this certificate has bee	thed for use as the burial-tran	riol, cremotion, or removal,
TO HOSPITAL OR ATTEN	moy be retained the	TO FUNERAL DIRECT.	page 3 should be detac	the registror priar to bu

VS A1S (4) 15M 9/5S

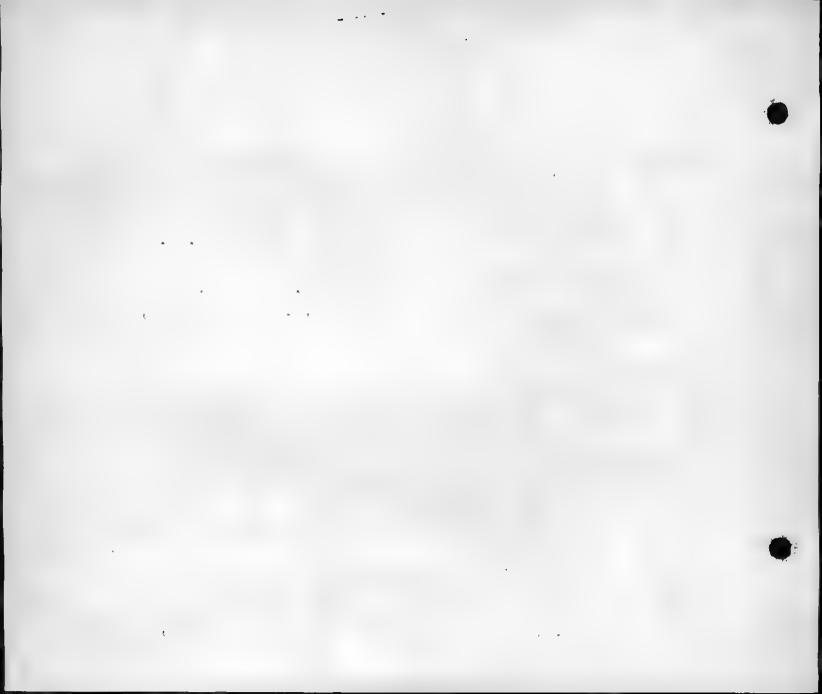
L			060	3 CERTIFIC.	AII	OF DEATH	1		Reg. D	ist. No.		
1.	PLACE OF DEATH a. COUNTY			MARYLAND	2.	USUAL RESIDENCE (WIN		d lived. If instituti b. COUNTY				
	b. CITY OR TOWN (IF	rchester Cooperate limi		c. LENGTH OF STAY IN 16	╫	Marylan c. city or town (if o		prote limits, write R			ter	
	RURAL and give ne	arest lown)		6 n								•
-	d. NAME OF HOSPITA OR INSTITUTION	e. Maryla. It (If not in hospitol, g		6 Days	#4	HISHODS H	ean,	Maryland			e IS RES	SIDENCE
		Maryland			$\parallel I$	Mana						NO F
3.	NAME OF	Fire Property Carro	*****	Middle		None	4. DATE	Mon	4	Do		Year
	DECRASED (Type or print)	Marea		Bayliss	D		OF DEATH			00	,	
5.	SEX		7. MARR	HED NEVER MARRIED	_	obinson ATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR		19 60 ER 24 HRS.
	Female	White	WIDOWE			6/17/1892		lost birthdoy)	Months	Doys	Hours	Min.
10	o. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDI	USTRY		or foreign o		12. C	ITIZEN C	OF WHAT	COUNTRY
	Housew	ng life, even it refired		Housewife		Marvlan	_			11	I S A	
13	FATHER'S NAME	Lat. C		HORSCATTC	14	. MOTHER'S MAIDEN N				U	A.C.	
	Charles Ba	arlice				Georian	na Da	wlies				
15	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFO	MANT	na Da	VIISS Add	ress			
10	NO	f yes, give wor or dates of s	ervice)	217-05-8027	To	Compte Fun	awal	Commisso	Reco	~~		
F			use per lis	ne for (o) (b), and (c).]	3 102	tomprie z m	ELAL.	<u>JELVIUG</u>	neco	INT	ERVAL BE	TWEEN
L	PART I. DEAT	H WAS CAUSED BY:	. XX	maria No	A.	tic Dus	112	man.		ONS	SET AND	DEATH
L	586X	DUE TO		NARALY		0 160	745			-2	7	S. S. A.
	Conditions, if on	y, which)	. 🔀	RIVERIA	30	11 201	No. of	5		0	Tro	uR
	gove rise to im coese (a), stating t	mediate (1/2									
L	lying cause lost.	. (c	(-10	LUTE X.	4	STURET) 6	ALLBI	AD	DER	2.4	dal
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH BU	TNQ	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(o) 1	P. WAS	AUTOPSY RMED?
E	1)1A-0	BETES	Pr	ELLITTUS	, 1						YES [
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20ь. DESI	CRIBE HOW INJURY OCCURR	ED. (E	nter nature of injury in P	ort I or Po	rt II of item 18.)				7:
		-	or 20d. It	VJURY OCCURRED 20e. P	LACE (OF INJURY [Home, form,	20f. (Cit	y or town)		(County)		(State)
MEDICAL	Hour o.m. p.m.	19	While at wor	Not while fe		street, office bldg., etc.				,,,		(0.0.0)
ı	21. I certify the	at I oftended the	deceas	ed fram. 10/10.		. 1949, 10_1	15	19 <i>6</i>	5,that I	last so	aw the	decease
L	alive on	1/4	, 12_5	and that deat	h oc	curred at B P	_M, fra	m the causes o	and an i	the da	te state	ed abave
	(1)	7.765				- /	ADDRESS (S	ireet, city or town,	stote)	-top.	100	ATE SIGNE
	SIGNATURE		0	secke.	_M.D.	1044	06	usc	2.1		19	1/60
L	PHYSICIAN'S NAME (Type)	N.H.F	An	KS		CAM	BR	060	-, /	10	2	
2	O. BURIAL, CREMATION	, 226. DATE THEREC	F	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, Iown,	or county)		(Stote	•)
	REMOVAL (Specify) Burial	1/6/60		Robinson Fa	ami	lv Cem.	Bis	hops Head	l. Mar	e fvr	nd.	
23	FUNERAL DIRECTOR'S			ADDRESS		24a. REC'I	BY REGIS	TRAR 245. REGI	STRAR'S SI	IGNATUI	RE	
	In Compta	Hunamal S.	miria	a Cambrada	Mes	rwland. L	лы 1 д	760 1	1 - Y 2 . m	9 4	14.4	



SALISBURY MARYLAND

V\$. A15ME 5M 2/57

HOLLOWAY & COMPANY



22c. NAME OF CEMETERY OR CREMATORY

Park

Orchester Mem

ADDRESS

22d. LOCATION Lity, town, or county)

Cambridge Mary

24a, REC'D BY REGISTRAR

JAN 1 8 '60

(State)

22b. DATE THEREOF

Le Compte Funeral Service, Cambridge, Md.

220. BURIAL, CREMATION,

Rurial

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

hours ofter should FUNERAL 0 VS A15 (4)

death.

15M 9/55



	06	
MOII.	1	1
cremon	M)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

() (; (32	()

			004			Key.	DIII. NO.
1. PLACE OF DEATH		U	021		(Where deceased liv		idence before admission)
	orchester C	0.	MARYLAND	e. STATE Marvlas	nd	b. COUNTY	rchester Co.
b. CITY OR TOWN III and give negrest foven	outside corporate limits, write	RUPAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write RURAL o	and give nearest town)
Vienna	Maryland		Life	Vienna	Marylan	A. P.F.D.	# 1
d. NAME OF HOSPIT	AL OR INSTITUTION (lf not in hosp	ital, give street address)	d. STREET ADDRESS		-,	e. IS RESIDENC
None				None			YES THE NO
3. NAME OF DECEASED	Fin	SP .	Middle	Last	4. DATE OF	Month	Doy Year
(Type or print)	Winfia	d	Scott	Willey	DEATH	٦	28 19 60
5. SEX			NEVER MARRIED	8. DATE OF BIRTH	9. AC		ER TYEAR IF UNDER 24 HR
Male	White	WIDOWED	DIVORCED [9/23/1890	1653	Manths Yrs.	Doys Hours Min.
10g. USUAL OCCUPATION	ON (Give kind of work on the life, even if retired)	done 10b. KI	ND OF BUSINESS OR INDU	STRY IT. BIRTHPLACE (Sto	te or fareign country	12. C	ITIZEN OF WHAT COUNTR
Farmer		F	armer	Marvl:	and		II S A
13. FATHER'S NAME				14. MOTHER'S MAIDEN			7 7 7 7 7 7
Dar	miel J. Wil	lev		Bertie H	Hughes		
15. WAS DECEASED EV	ER IN U. S. ARMED FOI		OCIAL SECURITY NO. 17.	INFORMANT		Address	
No	No		Inknown !	Scott Willey	In Wies	one Md D	T D # T
	TH [Enter only one cau						INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	Con	onem celus	Law			ONSET AND DEATH
11201	IMMEDIATE CAUSE (o)	5.01	conary ocelus	LOB	-		5 min.
4-20,1	DUE TO						2
, Conditions, if a	diote couse	COI	conary sclere	51,5			
(o), stoting the couse lost.	underlying DUE TO	Art	erioselerosi	s generalize	đ		?
Z PART II. OTH	1.5	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINALDISEASE CON	IDITION GIVEN IN PA	ART I(a) 19. WAS AUTOPSY
PART II. OTH							PERFORMEDAL YES NOT
200. EXTERNAL CAL	JSE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of injury in Pa	ort I or Part II of ite	m 18.)	
PRIMARY OF COL	NIKIBUTING LI						
\$ 20c. TIME OF INJUI	RY Month, Day, Yea	r 20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	rm, 20f. (City or to	wn) (C	County) (State)
20c. TIME OF INJUI	19	White of wor		ctory, street, office bldg., e	ic.)		
			emains described ab	ove held an Auton	NEV [] Inspec	ction #, Inqu	piry (#), and find th
	from: Natural			ricide [], Homicia			
death resolied	Trom: Natoral	conses 1	, Accident [], 30	ricide [], Homicid	de [], Under	ermined cause [
ACTUAL	500.30.	- 11	15011				DATE SIGNED
SIGNATURE	KAMAY	E. /V	1000th	M.D. CHIEF MEDICAL	_		29th Jan. 160
EXAMINER'S	Eldridge H.	Welft	r. M. D.		ICAL EXAMINER		
NAME (Type)			·, A. D.	DEPUTY MEDICA	L EXAMINER #		
22a. BURIAL, CREMATIC REMOVAL (Specify)	N, 226. DATE THEREO	F 2	MC. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, or county) (State)
Burial	1/30/6	0	Dorchester N	Jem. Park.	Cambrai	dra Md	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	24g. RE6	C'D BY REGISTRAR	Zab. REGISTRAR'S	GNATURE
Le Compte	Funeral Se	arrice	Cambraidge	Md DATE	FEB 4 '60	arthur	8. Ferness

VS. A15ME(5) 5M 9/55

or removol.

THE PERSON LABOUR STREET, STRE CONTRACTOR OF THE PARTY OF THE The state of the s But the contract of party and the second

調

ACOR	CERTIFICATE	OF	DEATH
0622		٠.	

Reg. Dist. No. 00621

1. PLACE OF DEATH				2. USUAL RESID	ENCE (Where o	deceased lived. I		Residence befo	are admission)	
	hester Co.		MARYLAND		haclvan	Ь. (COUNTY	Danaha	otan Ca	
b. CITY OR TOWN (If RURAL and give no		its, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outsid	e corporate limit	, write RUI	RAL and give ne	stor Co	
Cambridge.			40 Years	X Cambri	dge. Mo	LRED	# 2			
d. NAME OF HOSPIT	AL (If not in hospital,)	give street o	address)	d. STREET AL	DORESS		" -3	•	e. IS RESIDENO	
None					None				YES NO	
3. NAME OF	Fi	ref	Middle	Lest	4.	DATE	Month	n	oy Year	-
(Type or print)		larv	A	Wings		OF DEATH	3		27 196	0
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	i	9. AGE			THE UNDER 2X	
Female	White	WIDOWE	D DIVORCED	5/72/7	880	70	yrs.	Months Days	Hours Mi	in.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND			reign country)		12. CITIZEN	OF WHAT COU	NTRY
	ing life, even if retired	1)	TT 1 0					U.S.		
Housewife			Housewife	14 MOTHER'S	MAIDEN NAME	lirginia		1 0.5.	A .	
				THE MOTHER'S	THE STATE OF THE S					
Charles				Ur	known					
15. WAS DECEASED EVER	EIN U.S. ARMED FOI If yes, give war or dates of	(CES? 16, :	SOCIAL SECURITY NO. 17.	INFORMANT			Addres	ss		
No	No.	5	Unknown	Lewis Win	cota	Cambraid	TO M	. जदा ६	0 11 0	
18. CAUSE OF DEA	TH [Enter only one co	ouse per lin	e for (a), (b); and (c).]	/	-		-		ERVAL BETWEE	
	TH WAS CAUSED BY:	N/	he tour	notare-	1.1	01	17	ON	SET AND DEAT	TH
11112X	IMMEDIATE CAUSE (11	julium i	nounce	auer	<u> </u>	4/		Jean	7
ag-tiponed 1	DUE 10	13/	1.1011	1.	- 1		No.		f / / -	
Conditions, if or		, le	reman th	wowla	Reg /	un	ur		192.	
gove rise to in cotte (o), stating t		0	7	10:	(1)	14 /1	1 A	1	// .	
lying couse lost.) (resessed	Janu	4(wa	yac del	allor	() (Mut	
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH AL	NOT RELATED TO	THE TERMINAL	DISEASE CONDI	ION GIVE	N IN PART 1(o)	19. WAS AUTO	PSY
TE /	Margaria.	e, 1	The und	do	1				PERFORMED YES NO	
200. ACCIDENT WA	S LINDERLYING T	20h DESC	RISE HOW INJURY OCCUR	ED (Enter nature of	injury in Part I	or Part II of iter	0.181		13 [] 140	12
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	LOS. DESC	SIDE TOTAL MOORE OCCUR.	LD. (LINE HOLOTO OF	injury in Cont		,			
20c. TIME OF INJURY	Month, Day, Ye	ar 20d. IN	JURY OCCURRED 20e.	PLACE OF INJURY (H	iome, form, 20	Of. (City or town)		(County)	(\$1	tate)
Hour a.m.	19	While of work	1.4001 (441)16	actory, street, office	bldg., etc.)					
				.7.	12		13			
21. I certify the	at I attended the	decease	ed from france	19 37	, ta	m-V).,	18/20	that I last s	ow the dece	eosec
alive on	aurr	, 126	ond that deal	th accurred of_	109. M	, from the co	ouses on	d on the do	ite stated of	bove
11	1777	0		10		RESS (Street, city			DATE SI	
ACTUAL SIGNATURE	1 1400	will	20u	un au	wud	Co M	d	S.	ar. 75	61
/		1/1 -					<i>1</i> 4			
PHYSICIAN)\$ NAME (Type)	ames	U.	Ihomb S	du						
220. BURIAL, CREMATION	N, 22b. DATE THERE	OF .	22c. NAME OF CEMETERY	OR CREMATORY	22d.	LOCATION (Cir	y, tawn, or	county)	(State)	
Burial (Specify)	1/31/6	0	Dorchester	M D- 1					,,	
23. FUNERAL DIRECTOR'S			ADDRESS	The same of the sa	24a, REC'D BY	Cambra C	A RETRICT	RAR'S SIGNATU	PE	
		emui e	e Cambridge					-11 P 3		

YS A15 (4) 15M 9/55

		HTARG ROTH	CERTIFICA		
		No lames			¢.
	70 20	n district	•		
	70 1				
		A			
r t	,	principality of the second of		S William	
1 200	in Seleter	Sec. 1.	Les Mary		
		>10-2-1			
		A Lac Spins	THE PART OF	ar Su	and the same
Mary -	191 3	(Completely)	and the same of th		S
			S. Jugar		
r (* *	Part of the Part o	15	
		et die book etc			